2020 Health Disparities Report

Managed Care Quality and Monitoring Division
California Department of Health Care Services

December 2021

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Commonly Used Abbreviations and Acronyms

The following is a list of abbreviations and acronyms used throughout this report.

- ♦ **ABD**—aged, blind, and disabled
- ♦ **ADHD**—Attention-Deficit Hyperactivity Disorder
- ♦ *ADD*—*Follow-Up Care for Children Prescribed ADHD Medication*
- ♦ *AMB*—*Ambulatory Care*
- ♦ *AMM*—*Antidepressant Medication Management*
- ♦ *AMR*—*Asthma Medication Ratio*
- ♦ *APM*—*Metabolic Monitoring for Children and Adolescents on Antipsychotics*
- ♦ *BCS*—*Breast Cancer Screening*
- ♦ **BMI**—body mass index
- ♦ *CBP*—*Controlling High Blood Pressure*
- ♦ *CCP*—*Contraceptive Care—Postpartum Women*
- ♦ *CCS*—*Cervical Cancer Screening*
- ♦ *CCW*—*Contraceptive Care—All Women*
- ♦ *CDC*—*Comprehensive Diabetes Care*
- ♦ *CDF*—*Screening for Depression and Follow Up Plan*
- ♦ *CHL*—*Chlamydia Screening in Women*
- ♦ **CHIP**—Children's Health Insurance Plan
- ♦ *CIS*—*Childhood Immunization Status*
- ♦ **CMS**—Centers for Medicare & Medicaid Services
- ♦ *COB*—*Concurrent Use of Opioids and Benzodiazepines*
- ♦ **COVID-19**—coronavirus disease 2019
- ♦ *DEV*—*Developmental Screening in the First Three Years of Life*
- ♦ **DHCS**—California Department of Health Care Services
- ♦ **ED**—emergency department
- ♦ **EHR**—electronic health record
- ♦ **FFY**—Federal Fiscal Year
- ♦ **HbA1c**—hemoglobin A1c
- ♦ **HEDIS**®—Healthcare Effectiveness Data and Information Set[1]
- ♦ **HIPAA**—Health Insurance Portability and Accountability Act of 1996
- ♦ **HPL**—high performance level
- ♦ **HSAG**—Health Services Advisory Group, Inc.
- ♦ *IMA*—*Immunizations for Adolescents*

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- **LARC**—long-acting reversible contraception
- **MCAS**—Managed Care Accountability Set
- **MCMC**—Medi-Cal managed care program
- **MCP**—managed care health plan
- **MMEC**—most or moderately effective contraception
- **MPL**—minimum performance level
- **MSP**—median state performance
- **N**—number
- **NCQA**—National Committee for Quality Assurance
- **PNA**—Population Needs Assessment
- **OB/GYN**—obstetrician/gynecologist
- ***OHD***—*Use of Opioids at High Dosage in Persons Without Cancer*
- ***PCR***—*Plan All-Cause Readmissions*
- ***PPC***—*Prenatal and Postpartum Care*
- **PCP**—primary care physician
- **SPD**—Seniors and Persons with Disabilities
- ***SSD***—*Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- ***WCC***—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- ***WCV***—*Child and Adolescent Well-Care Visits*
- ***W30***—*Well-Child Visits in the First 30 Months of Life*

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1.   **Executive Summary**

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Background

Health disparities reflect gaps in the quality of care between populations.[2] To assess and improve health disparities, the California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct a health disparities study using the managed care accountability set (MCAS) measures reported by the 25 Medi-Cal managed care health plans (MCPs)[3] for measurement year 2020 with data derived from calendar year 2020. MCAS measures reflect clinical quality, timeliness, and access to care provided by MCPs to their members, and each MCP is required to report audited MCAS results to DHCS annually. The goal of the health disparities analysis is to improve health care for Medi-Cal members by evaluating the health care disparities affecting members enrolled in Medi-Cal MCPs. This report does not include data for fee-for-service beneficiaries in Medi-Cal.

To identify and understand health disparities affecting Medi-Cal members, it is important to consider the population mix of the Medi-Cal managed care program. In 2020, the approximate racial/ethnic distribution of the Medi-Cal managed care population consisted of the following racial/ethnic groups: Hispanic or Latino (48.7 percent), White (18.7 percent), Other or Unknown (14.7 percent), Asian (8.8 percent), Black or African American (7.7 percent), and Native Hawaiian or Other Pacific Islander (1.5 percent). In addition, the Medi-Cal managed care program's age distribution in 2020 was as follows: 18-year-olds and younger (40.4 percent), 19-to-64-year-olds (50.8 percent), and 65 and older (8.8 percent).[4]

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[2] Kilbourne AM, Switzer G, Hyman K, et al. Advancing health disparities research within the health care system: A conceptual framework. *American Journal of Public Health.* 2006; 96:2113-2121. Available at: https://doi.org/10.2105/AJPH.2005.077628. Accessed on: Oct 18, 2021.

[3] Only the Medi-Cal MCPs that provide the full scope of Medi-Cal benefits are included in this report (i.e., the three Population-Specific Health Plans and one Specialty Health Plan are excluded).

[4] Managed Care Performance Monitoring Dashboard Report, July 2021. Available at: https://data.chhs.ca.gov/dataset/managed-care-performance-monitoring-dashboard-report/resource/bf3c1774-6b11-4def-bf7f-76fc6a3e1a63. Accessed on: Oct 18, 2021.

Medi-Cal Managed Care Program and Health Disparities

DHCS' vision is to preserve and improve the health of all Californians. DHCS focuses on three interconnected guiding principles to advance this vision:[5]

♦ Eliminating health disparities through anti-racism and community-based partnerships
♦ Data-driven improvements that address the whole person
♦ Transparency, accountability, and member involvement

Based on these guiding principles, DHCS established the following goals related to preserving and improving the health of all Californians:

♦ Engage members as owners of their own care
♦ Keep families and communities healthy via preventive care
♦ Provide early interventions for rising risk and patient-centered chronic disease management
♦ Provide whole person care for high-risk populations, including addressing drivers of health

DHCS requested that HSAG evaluate measure data collected for measurement year 2020 at the statewide level. Several measures include more than one indicator; therefore, this report will refer to indicators rather than measures. For each indicator, MCPs used numerator and denominator specifications and minimum enrollment requirements defined either by the Healthcare Effectiveness Data and Information Set (HEDIS®)[6] measurement year 2020 specifications for the Medicaid population or by the Centers for Medicare & Medicaid Services' (CMS') Core Set of Adult Health Care Quality Measures for Medicaid and Core Set of Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program (CHIP) (Child and Adult Core Set) Federal Fiscal Year (FFY) 2021 specifications. HSAG aggregated results from 25 MCPs and then stratified the statewide rates for the MCAS indicators by race/ethnicity, primary language, age, and gender. HSAG also stratified two indicators (*Ambulatory Care* and *Plan All-Cause Readmissions*) by the Seniors and Persons with Disabilities (SPD) and non-SPD populations. Although HSAG stratified all indicators by race/ethnicity, primary language, age, and gender, HSAG only identified racial/ethnic health disparities based on comparisons to the minimum performance levels (i.e., the 2020 National Committee for Quality Assurance [NCQA] Quality Compass®[7] national Medicaid 50th percentiles) for the HEDIS MCAS indicators and the median state performance rates (i.e., the

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[5] State of California Department of Health Care Services. Comprehensive Quality Strategy: Draft Report for Public Comment, November 2019. Available at: DRAFT-DHCS-Comprehensive-Quality-Strategy.pdf. Accessed on: Nov 23, 2021.

[6] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[7] Quality Compass® is a registered trademark of the NCQA.

50th percentiles) from CMS' FFY 2020 Child and Adult Health Care Quality Measures data set[8] for the non-HEDIS MCAS indicators, when available.

From the MCAS, 35 indicators reported by the 25 Medi-Cal MCPs were evaluated for racial/ethnic health disparities, as displayed in Table 1.1. Due to NCQA's recommendation for a break in trending, benchmark unavailability, or limitations with the data, HSAG was unable to perform analyses to identify health disparities for the following indicators:

♦ *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total*
♦ *Child and Adolescent Well-Care Visits*
♦ *Controlling High Blood Pressure*
♦ *Plan All-Cause Readmissions*
♦ *Screening for Depression and Follow-Up Plan*
♦ *Well-Child Visits in the First 30 Months of Life*

Although HSAG did not assess the indicators above for racial/ethnic health disparities, the racial/ethnic stratifications for these indicators are presented in Appendix B.

Table 1.1—MCAS Indicators Evaluated for Racial/Ethnic Health Disparities

Indicator
Children's Health
Childhood Immunization Status—Combination 10
Developmental Screening in the First Three Years of Life—Total
Immunizations for Adolescents—Combination 2
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total
Women's Health
Breast Cancer Screening
Cervical Cancer Screening
Chlamydia Screening in Women—Total

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[8] Centers for Medicare & Medicaid Services. 2020 child and adult health care quality measures quality. Available at: [2020 child and adult health quality measures](). Accessed on: Nov 5, 2021.

Indicator
Contraceptive Care—All Women—Long-Acting Reversible Contraception (LARC)—Ages 15–20 Years
Contraceptive Care—All Women—LARC—Ages 21–44 Years
Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years
Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years
Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years
Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years
Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years
Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 3 Days—Ages 15–20 Years
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 3 Days—Ages 21–44 Years
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 60 Days—Ages 15–20 Years
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 60 Days—Ages 21–44 Years
Prenatal and Postpartum Care—Postpartum Care
Prenatal and Postpartum Care—Timeliness of Prenatal Care
Behavioral Health
Antidepressant Medication Management—Effective Acute Phase Treatment
Antidepressant Medication Management—Effective Continuation Phase Treatment
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication—Initiation Phase
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing— Total

Indicator
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total
Acute and Chronic Disease Management
Asthma Medication Ratio—Total
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)
Concurrent Use of Opioids and Benzodiazepines
Use of Opioids at High Dosage in Persons Without Cancer

Findings for racial/ethnic health disparities are presented in Section 3 of this report. An analysis of the highest performing racial/ethnic group for each indicator is displayed in Appendix A, and the indicator rates stratified by the demographics (i.e., race/ethnicity, primary language, age, gender, and SPD/non-SPD), where applicable, are located in Appendix B. Please note, HSAG uses "majority" throughout the report to refer to at least 50 percent.

COVID-19 Summary

Over the course of 2020, the coronavirus disease 2019 (COVID-19) pandemic had a detrimental impact on the entire health care system, including limited access to care, overburdened hospitals, and fatigued essential workers. Additionally, vulnerable populations experienced disproportionate effects, as evidenced by health disparities for COVID-19 cases, hospitalizations, and deaths widening nationally for certain racial/ethnic groups, lower socioeconomic status populations, and disabled individuals.[9] Vulnerable populations within California were also disproportionately impacted by the pandemic with higher population-adjusted rates of cases and deaths for the Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Black or African American groups, and lower income communities.[10] The Medi-Cal managed care population has also experienced disparate hospitalization and case rates among vulnerable groups.

DHCS provided the counts of confirmed COVID-19 cases and hospitalizations for the Medi-Cal managed care population and Medi-Cal managed care aged, blind, and disabled (ABD) population stratified by select demographics (i.e., gender, age, and race), which were used to derive the percentages of total confirmed COVID-19 cases and hospitalizations as presented in Figure 1.1 through Figure 1.6. Please note, for COVID-19 cases and hospitalizations

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[9] Centers for Disease Control and Prevention. Introduction to COVID-19 racial and ethnic health disparities. Available at: https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html. Accessed on: Oct 12, 2021.

[10] California All. California's commitment to health equity. Available at: https://covid19.ca.gov/equity/. Accessed on: Oct 12, 2021.

stratified by race, DHCS grouped the Asian and Pacific Islander races together; however, the remainder of this report presents these groups separately as Asian and Native Hawaiian or Pacific Islander. Therefore, please exercise caution when assessing the confirmed COVID-19 cases and hospitalizations by race.

Figure 1.1—Confirmed COVID-19 Cases by Gender

Confirmed COVID-19 Cases by Gender

Female
- MCMC ABD Population: 55.3%
- MCMC Population: 60.7%

Male
- MCMC ABD Population: 44.7%
- MCMC Population: 39.3%

COVID-19 Cases

■ MCMC Population ■ MCMC ABD Population
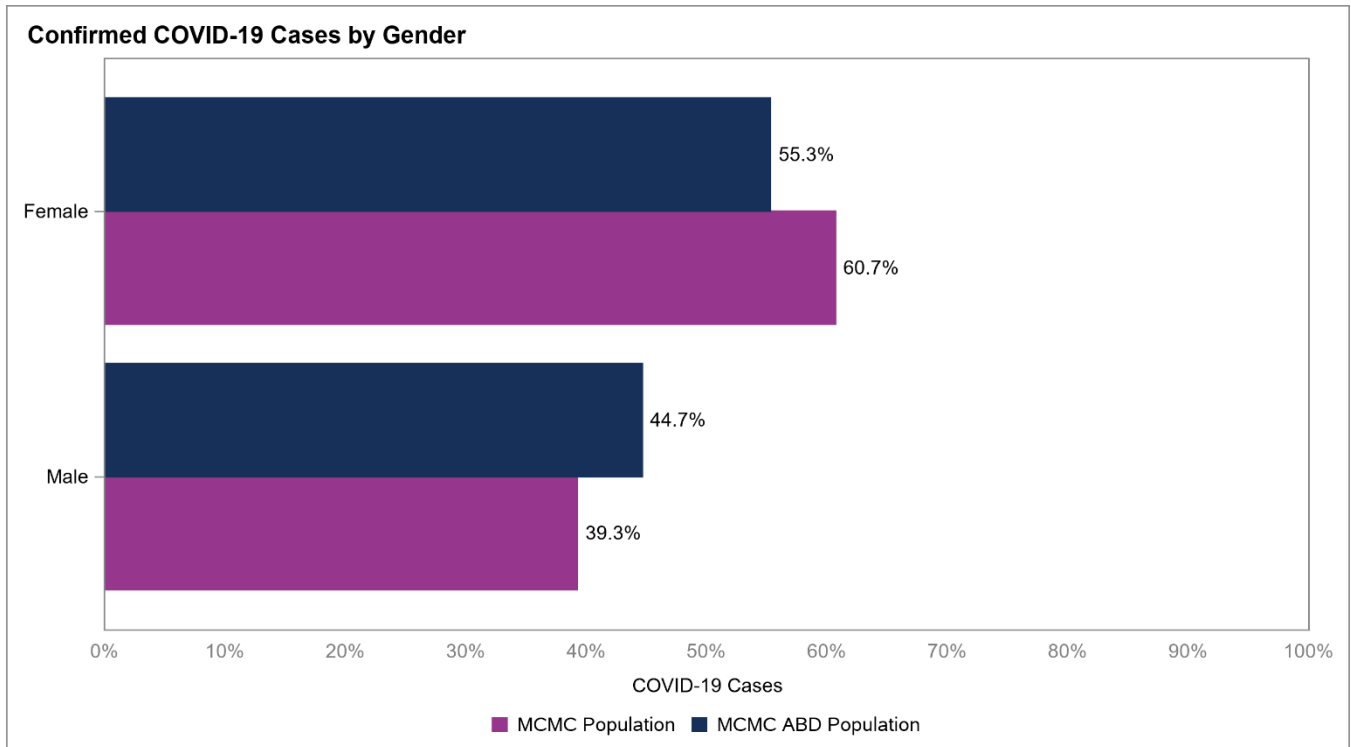
Figure 1.2—Confirmed COVID-19 Cases by Age

Confirmed COVID-19 Cases by Age

Age Group	MCMC ABD Population	MCMC Population
0–17 Years	3.4%	20.9%
18–64 Years	36.2%	66.6%
65+ Years	60.5%	12.5%

X-axis: COVID-19 Cases (0% to 100%)

Legend: ■ MCMC Population ■ MCMC ABD Population
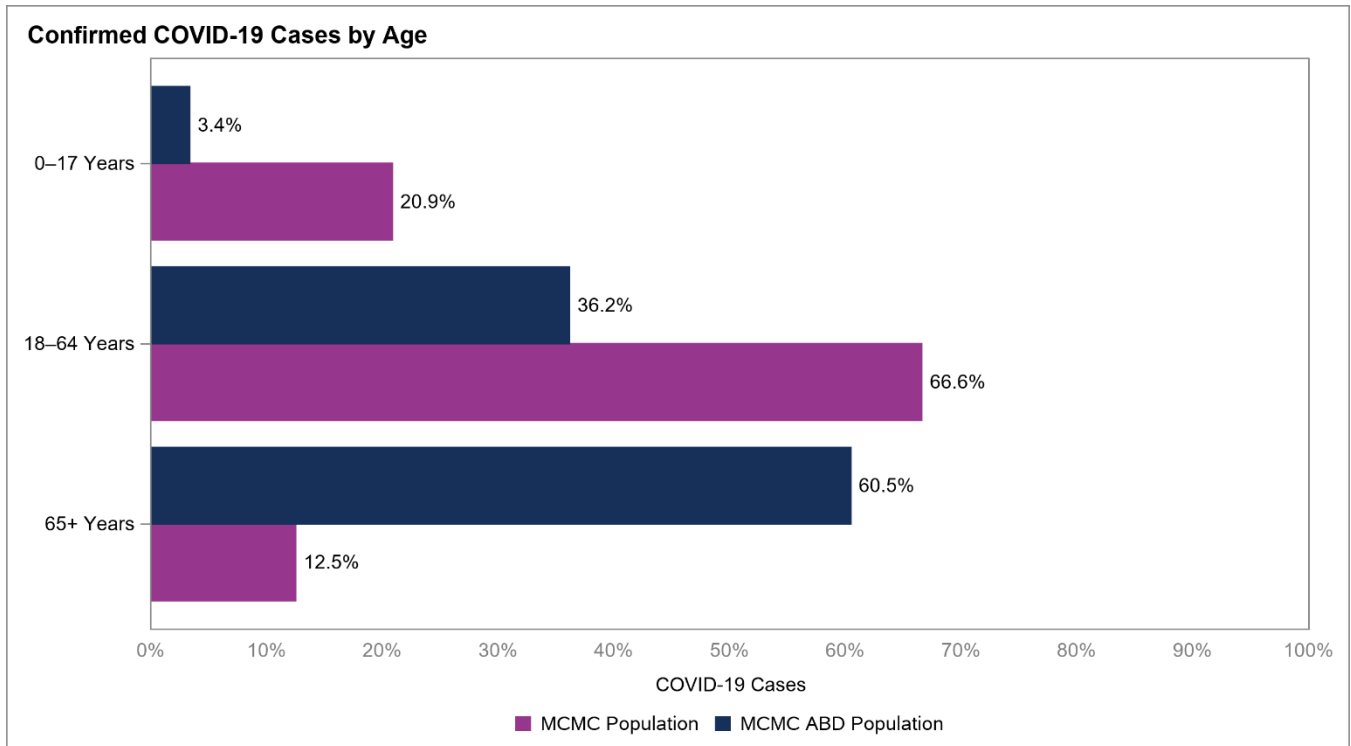
Figure 1.3—Confirmed COVID-19 Cases by Race

Confirmed COVID-19 Cases by Race

Race	MCMC ABD Population	MCMC Population
American Indian/Alaska Native	0.3%	0.3%
Asian/Pacific Islander	10.4%	5.8%
Black/African American	8.7%	5.2%
Hispanic	38.8%	62.5%
Other	5.7%	7.4%
White	23.2%	13.2%

X-axis: COVID-19 Cases (0% to 100%)

Legend: ■ MCMC Population ■ MCMC ABD Population
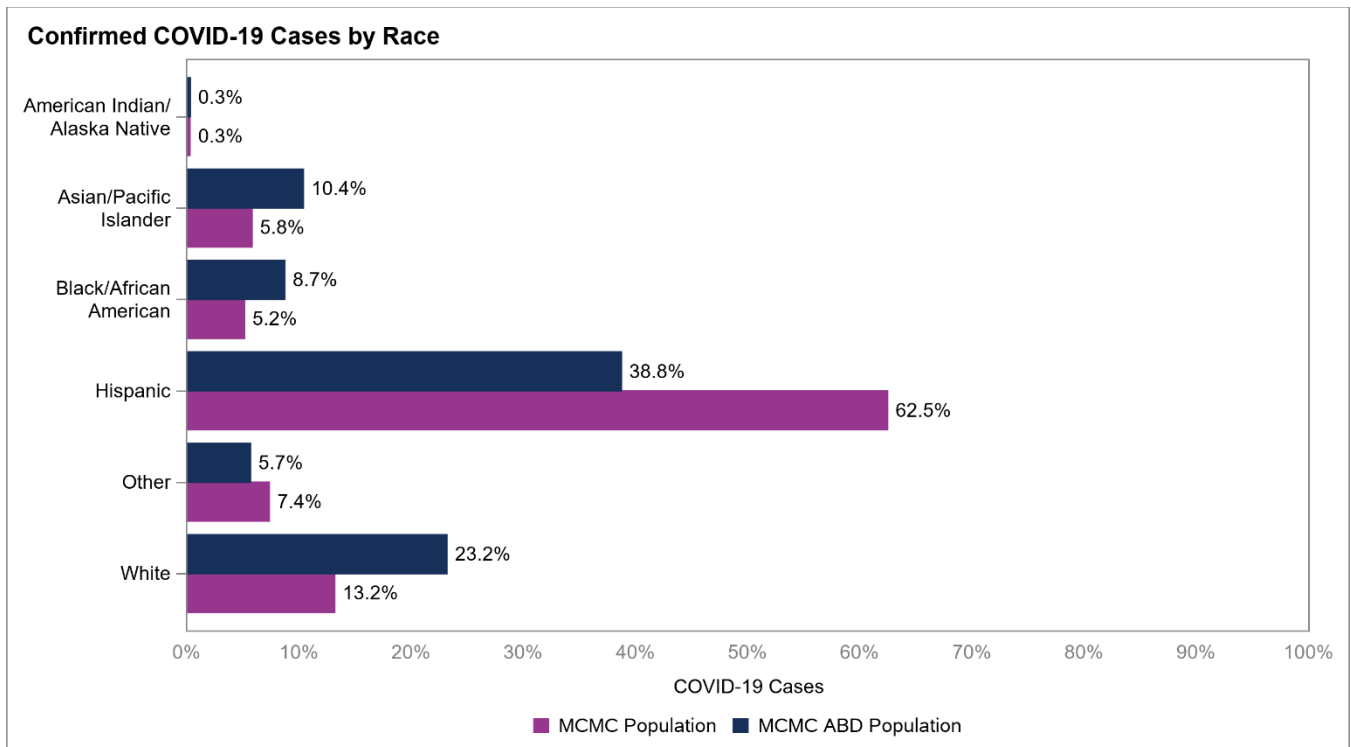
Figure 1.4—Confirmed COVID-19 Hospitalizations by Gender

Confirmed COVID-19 Hospitalizations by Gender

Female
- MCMC ABD Population: 51.8%
- MCMC Population: 60.3%

Male
- MCMC ABD Population: 48.2%
- MCMC Population: 39.7%

COVID-19 Hospitalizations

■ MCMC Population ■ MCMC ABD Population
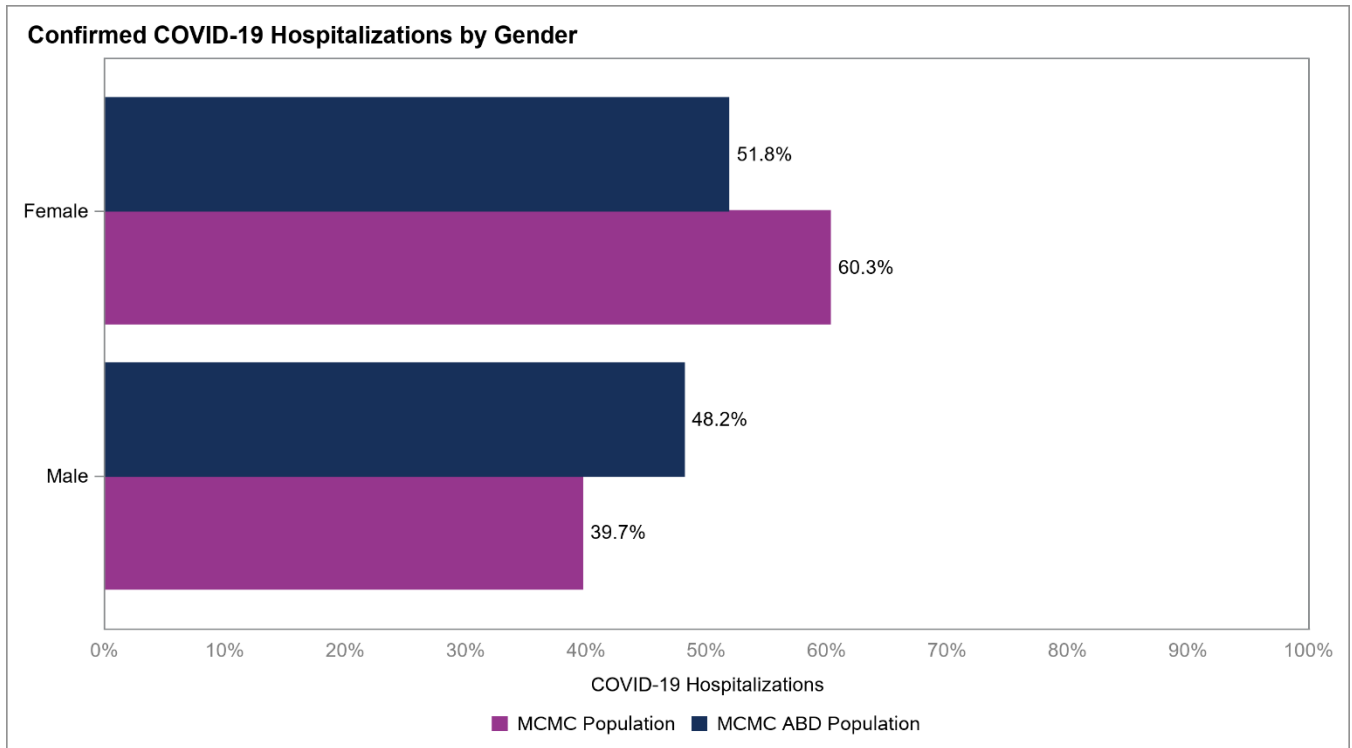
Figure 1.5—Confirmed COVID-19 Hospitalizations by Age

Confirmed COVID-19 Hospitalizations by Age

0–17 Years
- MCMC ABD Population: 3.9%
- MCMC Population: 8.8%

18–64 Years
- MCMC ABD Population: 50.2%
- MCMC Population: 74.7%

65+ Years
- MCMC ABD Population: 45.8%
- MCMC Population: 16.5%

COVID-19 Hospitalizations

■ MCMC Population ■ MCMC ABD Population
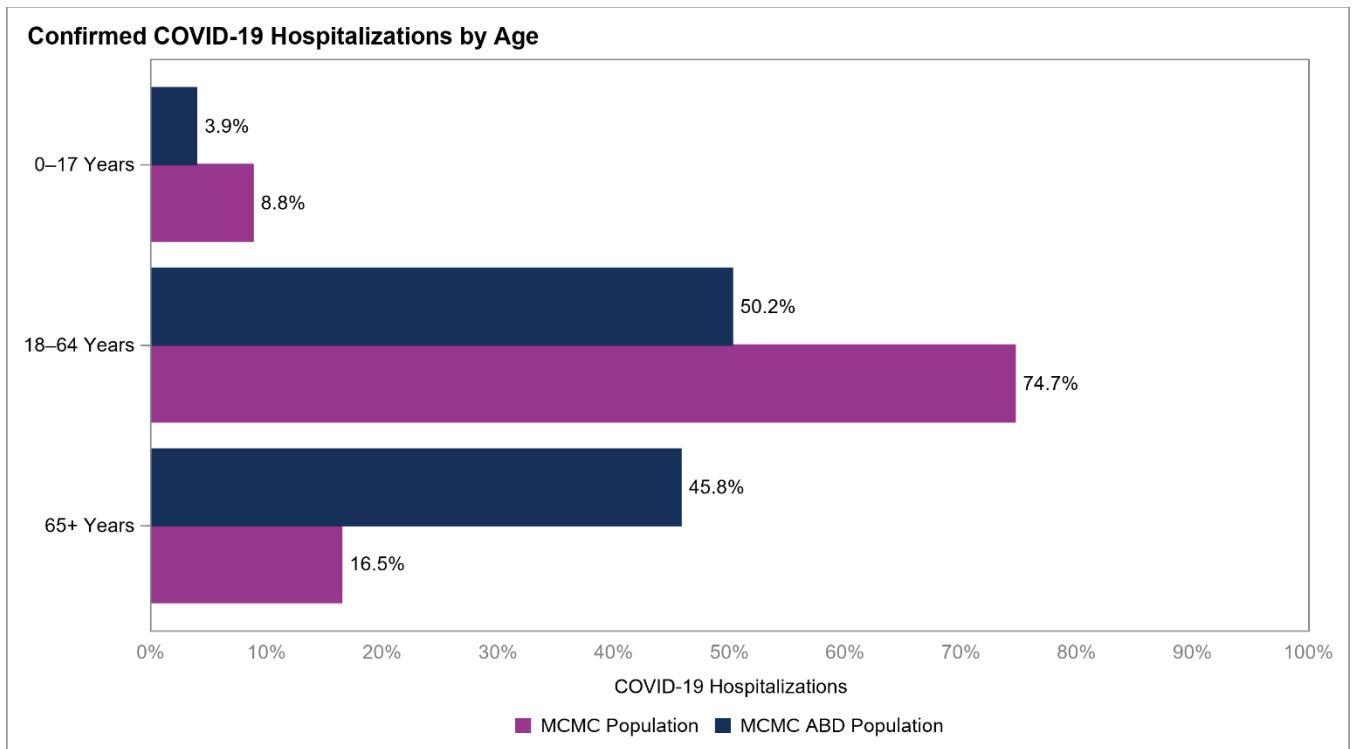
Figure 1.6—Confirmed COVID-19 Hospitalizations by Race

Confirmed COVID-19 Hospitalizations by Race

Race	MCMC ABD Population	MCMC Population
American Indian/Alaska Native	0.7%	0.6%
Asian/Pacific Islander	10.6%	7.4%
Black/African American	14.3%	10.8%
Hispanic	28.2%	41.1%
Other	6.2%	8.5%
White	29.3%	24.7%

COVID-19 Hospitalizations

■ MCMC Population ■ MCMC ABD Population
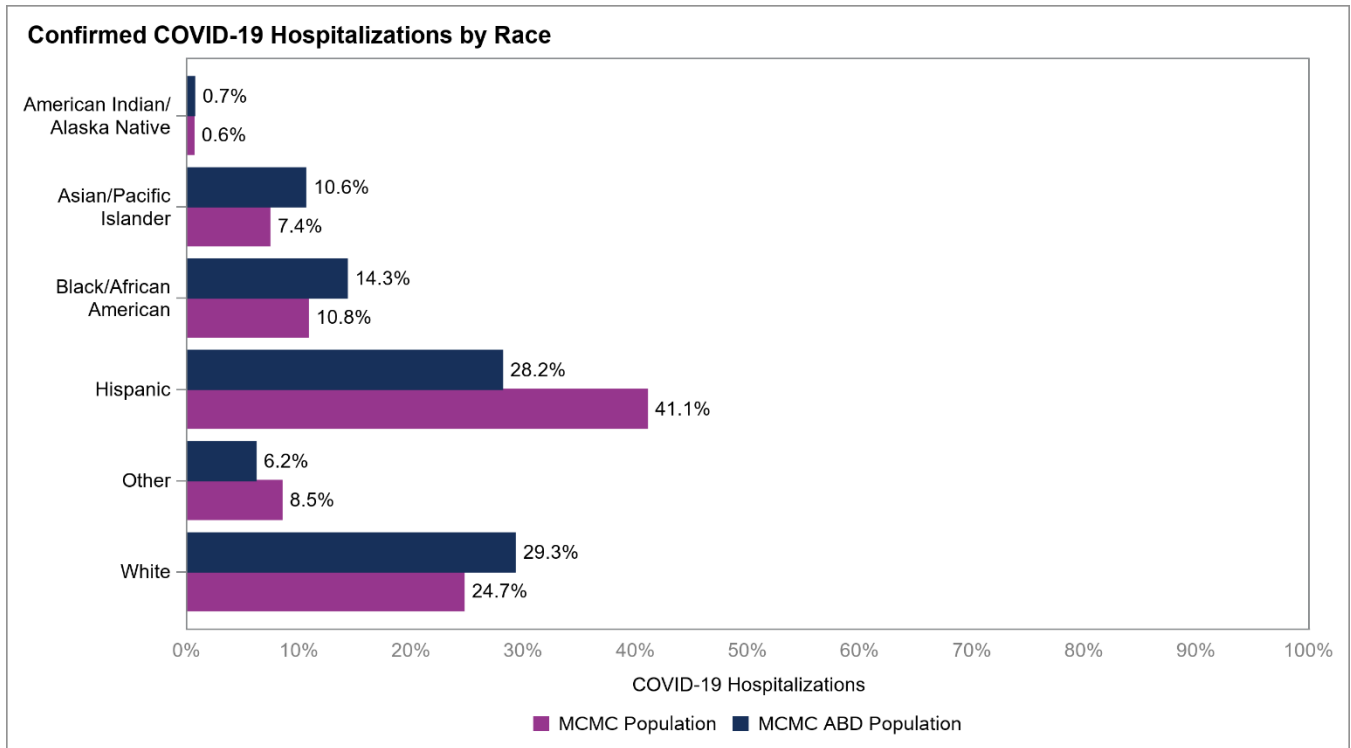
Key Findings for Racial/Ethnic Health Disparities

Health disparities were identified when indicator rates for racial/ethnic groups were below the minimum performance level/median state performance rate (i.e., the upper bound of the 95 percent confidence interval for the rate was below the national reference rate). If a racial/ethnic group's indicator rate was equal to or higher than the minimum performance level/median state performance rate, then no health disparity was identified. Figure 1.7 displays the percentage and number of indicators (out of 35 possible indicators) for which a disparity was identified or no disparity was identified.

Figure 1.7—Overall Racial/Ethnic Disparities for All MCAS Indicators

Note: Due to small numerators or denominators, the American Indian or Alaska Native (N=32), Asian (N=33), and Native Hawaiian or Other Pacific Islander (N=24) groups were not evaluated for health disparities for all 35 possible indicators.

Overall Racial/Ethnic Health Disparities for All MCAS Indicators

Percentage of Total Indicators (out of 35 possible indicators)
■ Disparity Identified   ■ No Disparity Identified

N=Number of Indicators
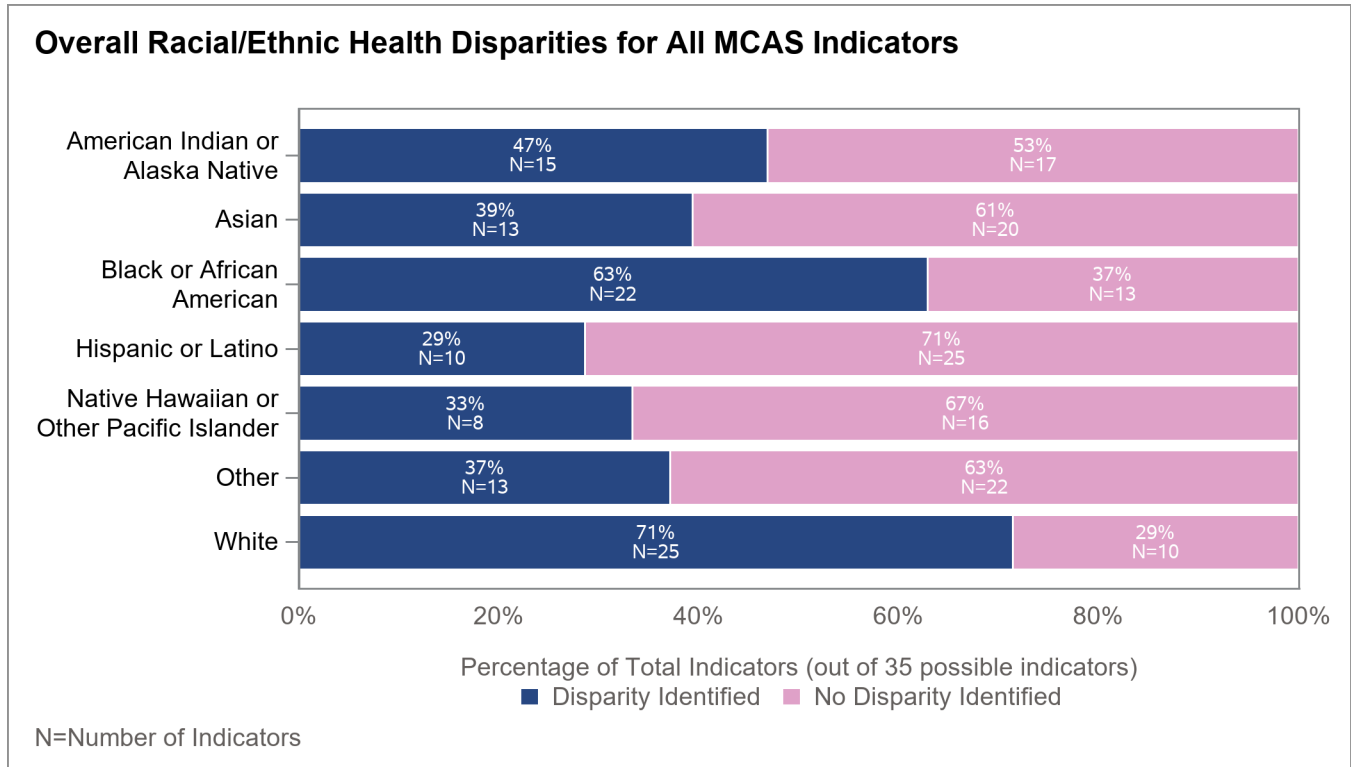
American Indian or Alaska Native

♦ Disparities were identified for 15 of the 32 indicators (46.9 percent) evaluated in measurement year 2020 for the American Indian or Alaska Native group.

♦ For the following domains, disparities were identified for a majority of the indicator rates for the American Indian or Alaska Native group:

  ■ Children's Health
  ■ Women's Health

Asian

♦ Disparities were identified for 13 of the 33 indicators (39.4 percent) evaluated in measurement year 2020 for the Asian group.

♦ For the Women's Health domain, disparities were identified for a majority of the indicator rates for the Asian group.

Black or African American

♦ Disparities were identified for 22 of the 35 indicators (62.9 percent) evaluated in measurement year 2020 for the Black or African American group.

♦ For the following domains, disparities were identified for a majority of the indicator rates for the Black or African American group:
  ■ Children's Health
  ■ Women's Health
  ■ Acute and Chronic Disease Management

Hispanic or Latino

♦ Disparities were identified for 10 of the 35 indicators (28.6 percent) evaluated in measurement year 2020 for the Hispanic or Latino group.

♦ There were no domains where a majority of the indicator rates for the Hispanic or Latino group exhibited a disparity.

Native Hawaiian or Other Pacific Islander

♦ Disparities were identified for eight of the 24 indicators (33.3 percent) evaluated in measurement year 2020 for the Native Hawaiian or Other Pacific Islander group.

♦ For the Women's Health domain, disparities were identified for a majority of the indicator rates for the Native Hawaiian or Other Pacific Islander group.

Other

♦ Disparities were identified for 13 of the 35 indicators (37.1 percent) evaluated in measurement year 2020 for the Other group.

♦ There were no domains where a majority of the indicator rates for the Other group exhibited a disparity.

White

♦ Disparities were identified for 25 of the 35 indicators (71.4 percent) evaluated in measurement year 2020 for the White group.

♦ For the following domains, disparities were identified for a majority of the indicator rates for the White group:
  ■ Children's Health
  ■ Women's Health
  ■ Acute and Chronic Disease Management

Overall Conclusions and Items for Consideration

The following are the overall conclusions for the Medi-Cal health disparities analysis:

♦ Health disparities for the White and Black or African American groups represent areas for overall improvement. The White and Black or African American groups were the only racial/ethnic groups with disparities identified for a majority of indicators. Rates for the White and Black or African American groups were lower than the respective reference rates

for 25 of the 35 indicators (71.4 percent) and 22 of the 35 indicator rates (62.8 percent), respectively.

- Both the White and Black or African American groups had disparities identified for all six indicators within the Children's Health domain.

♦ The Hispanic or Latino group, the largest racial/ethnic group among Medi-Cal managed care members, exhibited the lowest rate of disparities identified out of all racial/ethnic groups, with disparities identified for only 10 of the 35 indicator rates (28.6 percent).

♦ The Native Hawaiian or Other Pacific Islander group exhibited the lowest number of disparities identified (eight out of 24 indicators) among all of the racial/ethnic groups. However, this is primarily due to 11 of the 35 possible indicators (31.4 percent) for the Native Hawaiian or Other Pacific Islander group not being evaluated for health disparities due to small numerators or denominators.

- Additionally, both the Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native groups had smaller denominators than the other racial/ethnic groups for all indicators, resulting in wider confidence intervals for these two groups. As a result, nine indicator rates for the Native Hawaiian or Other Pacific Islander group and seven indicator rates for the American Indian or Alaska Native group were not classified as disparities despite the rates being below the reference rates.

♦ The overall counts of disparities for each racial/ethnic group are heavily influenced by each racial/ethnic group's performance for the *Contraceptive Care* indicators given these indicators account for 12 of the 35 indicators (34.3 percent) included in the report. Of note, 49 of the 106 disparities identified (46.2 percent) were for the *Contraceptive Care* indicators. Given that the choice to use contraceptive medications is heavily impacted by member preference, low performance for these indicators may not be indicative of MCP performance.

♦ The Children's Health domain represents an area of overall opportunity for improvement, with rates for at least two racial/ethnic groups falling below the reference rates for each indicator within the domain. Additionally, all seven racial/ethnic groups and five of the seven racial/ethnic groups (71.4 percent) had disparities identified for the *Developmental Screening in the First Three Years of Life—Total* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total* indicators, respectively.

♦ The Women's Health domain represents an area of overall opportunity for improvement, with the majority of rates for every racial/ethnic group, except the Hispanic or Latino group, within the domain being identified as a disparity. Of note, for the *Breast Cancer Screening* and *Cervical Cancer Screening* indicators, five of the seven racial/ethnic groups (71.4 percent) had disparities identified.

♦ The Behavioral Health domain represents an area of overall strength. Within this domain, no racial/ethnic group had more than two disparities identified (out of eight indicators). However, within this domain the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator represents an area of opportunity for improvement. All racial/ethnic group rates were below the minimum performance level and six of seven racial/ethnic groups had a disparity identified for this indicator.

♦ The *Antidepressant Medication Management–Effective Acute Phase Treatment*, *Concurrent Use of Opioids and Benzodiazepines*, and *Use of Opioids at High Dosage in Persons Without Cancer* indicators were identified as areas of overall high performance. For all three of these indicators, no racial/ethnic groups had rates that were identified as disparities.

Based on the overall conclusions for the Medi-Cal health disparities analysis, DHCS should continue undertaking the following to improve health care quality:

♦ While disparities were identified for 22 of 42 racial/ethnic rates (52.4 percent) and 65 of 109 racial/ethnic rates (59.6 percent) for the indicators in the Children's Health and Women's Health domains, respectively, DHCS is currently working with MCPs to implement several quality improvement efforts aimed at improving access to preventive care, including the following:

- DHCS and the MCPs launched the Preventive Services Outreach campaign in 2020. Via outreach calls and educational materials, the campaign aims to educate the parents/guardians of children about the timing and availability of necessary child preventive services.

- DHCS requires the MCPs to conduct an annual Population Needs Assessment (PNA) aimed at improving health outcomes for all members, including the Seniors and Persons with Disabilities population, children with special health care needs, members with limited English proficiency, and other member subgroups from diverse cultural and racial/ethnic backgrounds. MCPs must use plan-level disparities data to help inform the PNA and use PNA findings to identify opportunities for improvement and take action to address them.

- DHCS requires MCPs to conduct two performance improvement projects—one focusing on improving child and adolescent health and one on an identified health disparity.

- As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative that DHCS will implement in early 2022, each MCP will be required to create or maintain a population health management program and submit a description of the MCP's population health management plan to DHCS annually.[11] Each MCP's population health management plan must include how the MCP will accomplish the following:

  ○ Identify and assess member health risks and needs on an ongoing basis
  ○ Keep all members healthy by focusing on preventive and wellness services
  ○ Manage member safety and outcomes during transitions, across delivery systems or settings, through effective care coordination
  ○ Identify and mitigate social drivers of health
  ○ Reduce health disparities or inequities

- The improvement efforts described above were impacted by the COVID-19 pandemic; therefore, DHCS should continue monitoring and evaluating the outcomes of these

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[11] California Department of Health Care Services. Medi-Cal Healthier California for All Proposal. Available at: PHM-Revised-Proposal-02112020.pdf. Accessed on: Nov 30, 2021.

improvement efforts over time to determine their impact on the disparities HSAG identified in this 2020 Health Disparities Report.

Further, DHCS should consider the following to continue to close gaps in disparities:

♦ For measures with widespread low performance (e.g., *Breast Cancer Screening*, *Cervical Cancer Screening*), DHCS should consider working with MCPs to assess if current MCP initiatives aimed at improving performance need to be revised or if more time is needed for these initiatives to impact outcomes.

♦ More than 75 percent of indicator rates for the Black or African American, White, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander groups were below the reference rates, regardless if disparities were identified. As a result, DHCS should consider working with MCPs that serve larger proportions of these racial/ethnic groups to identify the causes of the low performance and assess if current MCP quality improvement strategies are designed to address the causes or if the MCPs need to modify their strategies to improve care for these racial/ethnic groups.

Introduction

The "Reader's Guide" is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

Medi-Cal Managed Care Health Plans

Table 2.1 displays the 25 Medi-Cal MCPs and the corresponding counties served for which data were aggregated and presented within this report.

Table 2.1—MCPs and Applicable Counties

MCP Name	Counties
Aetna Better Health of California	Sacramento, San Diego
Alameda Alliance for Health	Alameda
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Inyo, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, San Francisco, Sacramento, San Benito, Santa Clara, Sierra, Sutter, Tehama, Tuolumne, Tulare, Yuba
Blue Shield of California Promise Health Plan	San Diego
California Health & Wellness Plan	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba
CalOptima	Orange
CalViva Health	Fresno, Kings, Madera
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey, Santa Cruz
Community Health Group Partnership Plan	San Diego
Contra Costa Health Plan	Contra Costa
Gold Coast Health Plan	Ventura

MCP Name	Counties
Health Net Community Solutions, Inc.	Kern, Los Angeles, Sacramento, San Diego, San Joaquin, Stanislaus, Tulare
Health Plan of San Joaquin	San Joaquin, Stanislaus
Health Plan of San Mateo	San Mateo
Inland Empire Health Plan	Riverside, San Bernardino
Kaiser NorCal (KP Cal, LLC)	Amador, El Dorado, Placer, Sacramento
Kaiser SoCal (KP Cal, LLC)	San Diego
Kern Health Systems, DBA Kern Family Health Care	Kern
L.A. Care Health Plan	Los Angeles
Molina Healthcare of California	Imperial, Riverside, Sacramento, San Bernardino, San Diego
Partnership HealthPlan of California	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo
San Francisco Health Plan	San Francisco
Santa Clara Family Health Plan	Santa Clara
UnitedHealthcare Community Plan	San Diego

Summary of Performance Indicators

Thirty-five indicators reported by the 25 Medi-Cal MCPs were evaluated for racial/ethnic health disparities and 43 indicators were included in the analyses for the appendices (i.e., highest performing group and demographic stratified rates). The indicators were grouped into the following domains of care: Children's Health, Women's Health, Behavioral Health, and Acute and Chronic Disease Management. While health disparities are displayed and discussed primarily at the indicator level in this report, grouping these indicators into domains allows Medi-Cal MCPs and DHCS to consider the results as a whole rather than in isolation when developing strategic changes to improve health care for Medi-Cal members.

Table 2.2 displays the indicators included in the analysis, the reporting methodology for each indicator, the age groups for each indicator, and the available benchmarks for each indicator. Because the age parameters for each indicator differ, HSAG collaborated with DHCS to define the age groups listed in Table 2.2 for each indicator.

Due to NCQA's recommendation for a break in trending, benchmark unavailability, or limitations with the data, HSAG was unable to perform analyses to identify health disparities for the following indicators:

♦ *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total*
♦ *Child and Adolescent Well-Care Visits*
♦ *Controlling High Blood Pressure*
♦ *Plan All-Cause Readmissions*
♦ *Screening for Depression and Follow-Up Plan*
♦ *Well-Child Visits in the First 30 Months of Life*

While HSAG did not identify health disparities for the indicators listed above, HSAG stratified these indicators by race/ethnicity, primary language, age, gender, and SPD/non-SPD, where applicable, and presented the results in Appendix B.

Table 2.2—Indicators, Reporting Methodology, Age Groups, and Benchmarking Source

A = administrative methodology (claims/encounter data and supplemental administrative data sources)

H = hybrid methodology (a combination of claims/encounter data and medical record review data)

N/A indicates national benchmarks are not available or NCQA recommended a break in trending for the corresponding indicator.

*Indicates a lower rate is better.

^Indicates a higher or lower rate does not necessarily indicate better or worse performance.

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
Children's Health			
Child and Adolescent Well-Care Visits—Total	A	3–11 Years; 12–17 Years; 18–21 Years	N/A
Childhood Immunization Status—Combination 10	H	2 Years	NCQA 2020 Quality Compass
Developmental Screening in the First Three Years of Life—Total	A	1 Year; 2 Years; 3 Years	FFY 2020 Child Core Set
Immunizations for Adolescents—Combination 2	H	13 Years	NCQA 2020 Quality Compass

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and *Counseling for Physical Activity—Total*	H	3–11 Years; 12–17 Years	NCQA 2020 Quality Compass
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*	A	15 Months; 30 Months	N/A
Women's Health			
Breast Cancer Screening—Total	A	50–64 Years; 65–74 Years	NCQA 2020 Quality Compass
Cervical Cancer Screening	H	21–64 Years	NCQA 2020 Quality Compass
Chlamydia Screening in Women—Total	A	16–20 Years; 21–24 Years	NCQA 2020 Quality Compass
Contraceptive Care—All Women—LARC and *Most or Moderately Effective Contraception*	A	15–20 Years; 21–44 Years	FFY 2020 Child and Adult Core Set
Contraceptive Care—Postpartum Women—LARC and *Most or Moderately Effective Contraception—3 Days* and *60 Days*	A	15–20 Years; 21–44 Years	FFY 2020 Child and Adult Core Set
Prenatal and Postpartum Care—Postpartum Care and *Timeliness of Prenatal Care*	H	<18 Years; 18–20 Years; 21–34 Years; 35–44 Years; 45+ Years	NCQA 2020 Quality Compass

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
Behavioral Health			
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	A	18+ Years	NCQA 2020 Quality Compass
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	A	18–64 Years	NCQA 2020 Quality Compass
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and *Continuation and Maintenance Phase*	A	6–12 Years	NCQA 2020 Quality Compass
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and *Blood Glucose and Cholesterol Testing—Total*	A	1–11 Years; 12–17 Years	NCQA 2020 Quality Compass
Screening for Depression and Follow-Up Plan	A	12–17 Years; 18–64 Years 65+ Years	N/A
Acute and Chronic Disease Management			
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total^*	A	<1 Years; 1–9 Years; 10–19 Years; 20–44 Years; 45–64 Years; 65–74 Years; 75–84 Years; 85+ Years;	NCQA 2020 Quality Compass
Asthma Medication Ratio—Total	A	5–11 Years; 12–18 Years; 19–50 Years; 51–64	NCQA 2020 Quality Compass
*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)**	H	18–20 Years; 21–44 Years; 45–64 Years; 65+ Years	NCQA 2020 Quality Compass

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
*Concurrent Use of Opioids and Benzodiazepines**	A	18–64 Years; 65+ Years	FFY 2020 Adult Core Set
Controlling High Blood Pressure—Total	H	18–20 Years; 21–44 Years; 45–64 Years; 65+ Years	N/A
*Plan All-Cause Readmissions— Observed Readmission Rate—Total**	A	18–44 Years; 45–54 Years; 55–64 Years	N/A
*Use of Opioids at High Dosage in Persons Without Cancer**	A	18–64 Years; 65+ Years	FFY 2020 Adult Core Set

Methodology Overview

For the 2020–21 contract year, HSAG evaluated indicator data collected for measurement year 2020 at the statewide level. HSAG aggregated the results from the 25 MCPs and then stratified these statewide rates for all indicators by demographic stratifications (i.e., race/ethnicity, primary language, age, gender, and SPD/non-SPD), where applicable.

Although HSAG stratified all indicators by race/ethnicity, primary language, age, gender, and SPD/non-SPD, where applicable, HSAG only identified health disparities based on statistical analysis for the racial/ethnic stratification.

The information below provides a high-level overview of the health disparities analyses conducted on the measurement year 2020 data for DHCS. For the detailed methodology, please see Appendix D.

Data Sources

HSAG received a California-required patient-level detail file from each MCP for each HEDIS reporting unit containing member-level information, including the Medi-Cal client identification number, date of birth, and member months for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files indicated whether a member was included in the numerator and/or denominator for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator and denominator counts matched what was reported by MCPs in the audited HEDIS Interactive Data Submission System files and non-HEDIS Microsoft Excel reporting files. Additionally, DHCS provided supplemental files with demographic data (e.g., date of birth, gender, ZIP Code, race/ethnicity, primary language) from DHCS' Management Information System/Decision Support System data system. For the SPD/non-SPD stratification for the

Ambulatory Care and *Plan All-Cause Readmissions* indicators, HSAG used the audited SPD and non-SPD rates all MCPs were required to report for measurement year 2020 using the SPD Microsoft Excel reporting file.

Statistical Analysis

Using the member-level files created from matching the demographic records with the indicator files, HSAG performed a statewide-level health disparity analysis of the racial/ethnic demographic stratification using national benchmarks and calculating a 95 percent confidence interval around each racial/ethnic group's rate. HSAG calculated a statewide aggregate for each MCAS indicator by summing the numerators and denominators reported by each MCP reporting unit. To facilitate this, HSAG performed the procedures described below.

Statewide-Level Health Disparity Analysis

HSAG performed a statewide-level health disparity analysis for the racial/ethnic demographic stratification. Specifically, HSAG compared each racial/ethnic group to the applicable benchmarks:

♦ The minimum performance levels (i.e., the 2020 NCQA Quality Compass national Medicaid 50th percentiles) for the HEDIS MCAS indicators, when available.

♦ The median state performance rates (i.e., the 50th percentiles) from CMS' FFY 2020 Child and Adult Health Care Quality Measures data set for non-HEDIS MCAS indicators, when available.

For each indicator, HSAG calculated a 95 percent confidence interval around each racial/ethnic group's rate following NCQA's methodology:

$$lower\ interval = rate - 1.96\sqrt{\frac{rate(1-rate)}{denominator}} - \frac{1}{2 \times denominator}$$

$$upper\ interval = rate + 1.96\sqrt{\frac{rate(1-rate)}{denominator}} + \frac{1}{2 \times denominator}$$

For this report, a health disparity was defined as a rate for a racial/ethnic group that was worse than the reference rate (i.e., the minimum performance level or median state performance rate) and the upper interval of the 95 percent confidence interval was below the minimum performance level/median state performance rate. If the upper interval of the 95 percent confidence interval was at or above the minimum performance level/median state performance rate, then no disparity was identified.

Evaluating Results

Within Section 3 of this report, indicator results for the current year findings (i.e., measurement year 2020) are grouped and discussed by domain as shown in Table 1.1, starting with an overall domain-level figure. Following each domain-level figure, the narrative is organized by racial/ethnic group and describes indicators for which disparities were identified and were not identified. The results of the aggregate health disparity analyses for 35 indicators are presented within horizontal bar graphs in Section 3. Of note, due to limitations with the data, HSAG did not perform statistical analyses to identify health disparities for the *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total*, *Child and Adolescent Well-Care Visits*, *Controlling High Blood Pressure*, *Plan All-Cause Readmissions*, *Screening for Depression and Follow-Up Plan*, and *Well-Child Visits in the First 30 Months of Life* indicators; therefore, these indicators are not included in Section 3 and are only presented in Appendix B. Within Appendix B, HSAG also presents indicator rates for the primary language, age, gender, and SPD/non-SPD demographic stratifications, where applicable, for measurement year 2020; however, statistical analysis was not performed on these demographic stratifications to identify health disparities.

Figure Interpretation

Section 3 presents a horizontal stacked bar graph for each domain that displays the percentage of indicators that identified or did not identify a disparity. In these figures, "N" represents the number of indicators within the domain. Please note, some racial/ethnic stratifications may not have the same number of indicators for a particular domain due to a lack of data (i.e., small numerator or small denominator) for a particular indicator. An example of the horizontal stacked bar graph figure is shown in Figure 2.1. All data in the sample figure are mock data.

Figure 2.1—Sample Domain-Level Horizontal Stacked Bar Graph

FIGURE CONTAINS MOCK DATA
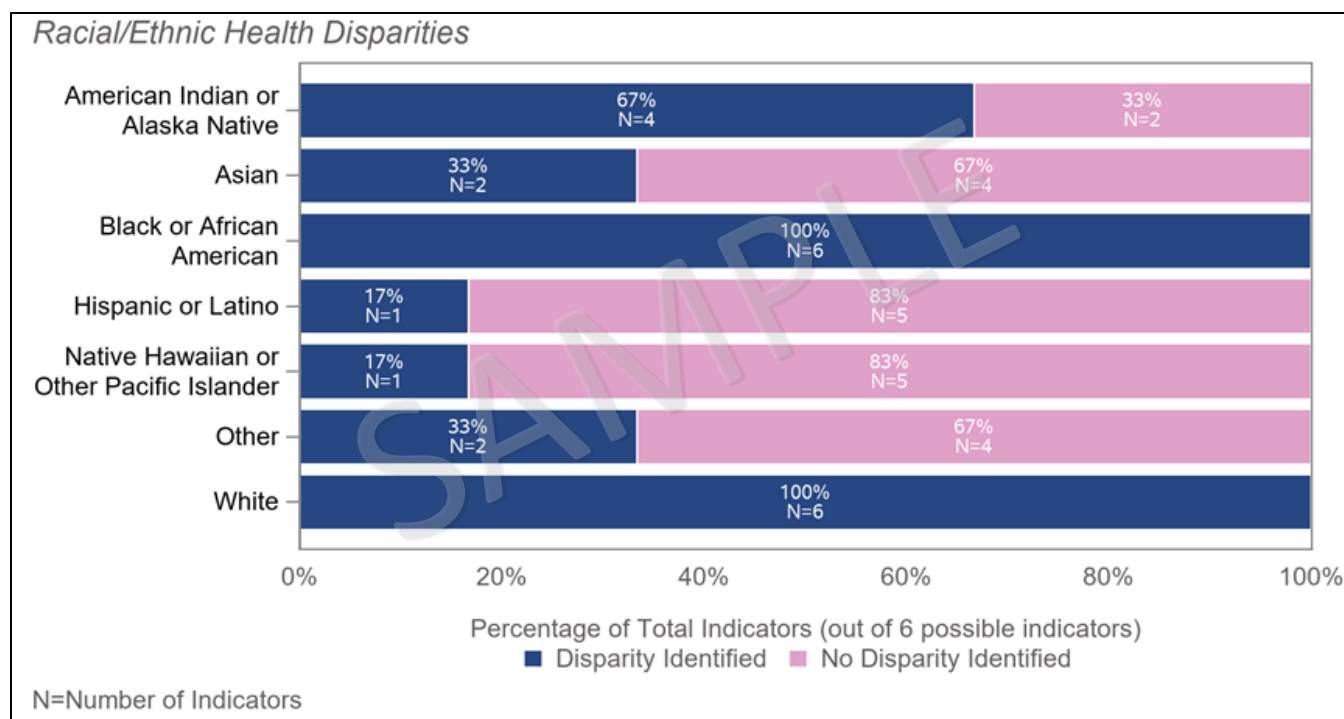
Additionally, the "Executive Summary" includes a similar overall horizontal stacked bar graph that displays the percentage of indicators that identified or did not identify a disparity for each racial/ethnic group across all indicators.

For each indicator presented within Section 3 of this report, horizontal bar graphs display the measurement year 2020 rates for each racial/ethnic group in descending order (i.e., the highest performing rate is at the top of the graphic and the lowest performing rate is at the bottom of the graphic). The indicator three-letter abbreviation is used within the figure (e.g., CBP); however, the abbreviation is defined within the figure title. "N" represents the total statewide denominator for an indicator for a particular group. A "Note" is included above each figure displaying the statewide denominator and rate for the "Unknown/Missing" racial/ethnic group, if applicable.

The figures also display confidence intervals for each racial/ethnic group rate. If the upper bound of the confidence interval is below the respective national benchmark, then a disparity is identified and indicated with a downward arrow. For indicators compared to Quality Compass benchmarks, the minimum performance levels (i.e., national Medicaid 50th percentile) and high performance levels (i.e., national Medicaid 90th percentile) are displayed within the figure using proxy displays (i.e., dotted lines). For indicators compared to CMS' FFY 2020 Child or Core Set benchmarks, the median state performance rate is also displayed within the figure using proxy displays (i.e., the dotted line). For all indicators, the statewide average for the indicator is also displayed as a dotted line on the figure. Minimum performance level and high

performance level percentile data (i.e., Quality Compass rates) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. Please see Appendix C for the benchmark values and statewide average for each indicator.

Within each applicable figure, "MPL" represents the minimum performance level, "HPL" represents the high performance level, and "MSP" represents the median state performance rate. An example of the horizontal bar graph is shown in Figure 2.2. All data in the sample figure are mock data.

Figure 2.2—Sample Indicator-Level Horizontal Bar Graph

FIGURE CONTAINS MOCK DATA
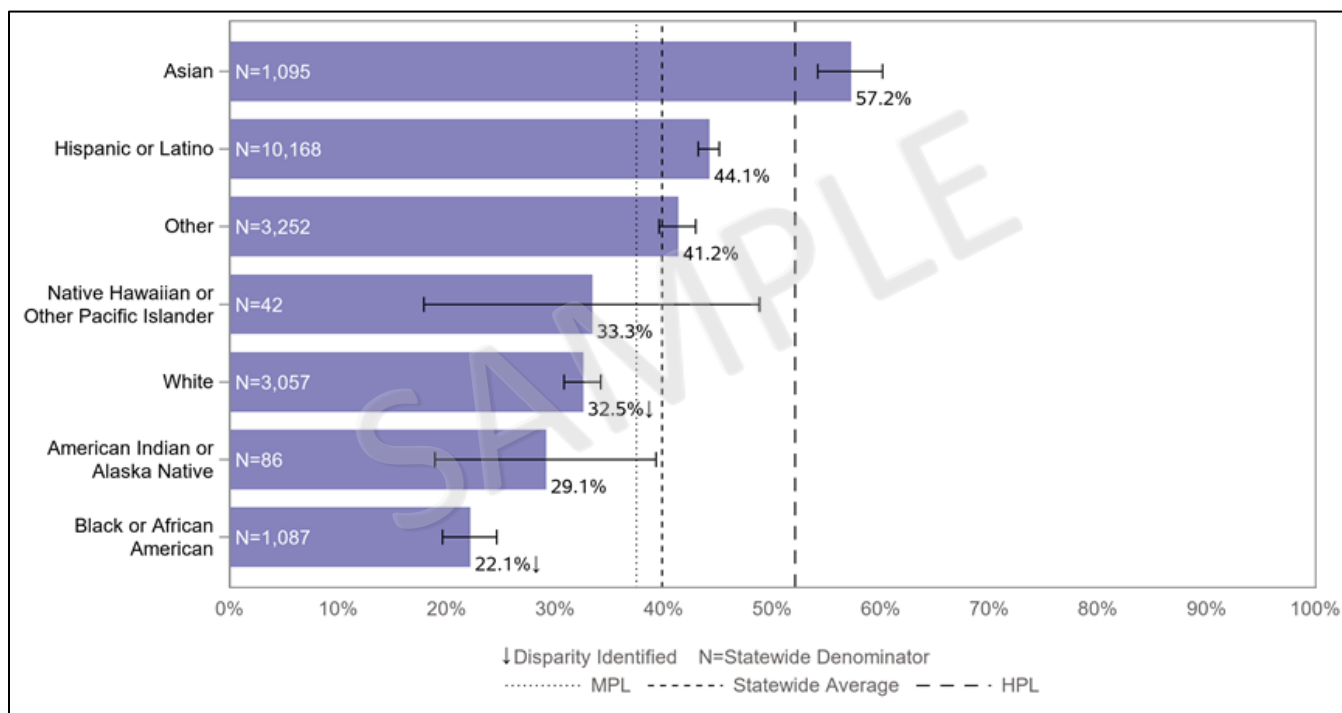
Within Appendix B, horizontal bar graphs display the indicator rates by demographic stratification (race/ethnicity, primary language, age, gender, and SPD/non-SPD) for measurement year 2020 results, as applicable. Note that the racial/ethnic stratification will only be displayed for select indicators not tested for health disparities. Statistical analysis was not performed on these demographic stratifications to identify health disparities; therefore, these rates are for information only. "N" represents the total statewide denominator for an indicator for a particular group. On each figure, reference lines are displayed for the statewide average; minimum performance level/median state performance rate, where available; and high performance level, where available. A "Note" is included above each figure displaying the statewide denominator and rate for the "Unknown/Missing" group for the corresponding stratification, where applicable. An example of a horizontal bar graph by primary language is shown in Figure 2.3. All data in the sample figure are mock data.

Figure 2.3—Sample Horizontal Bar Graph by Demographic Stratification
FIGURE CONTAINS MOCK DATA
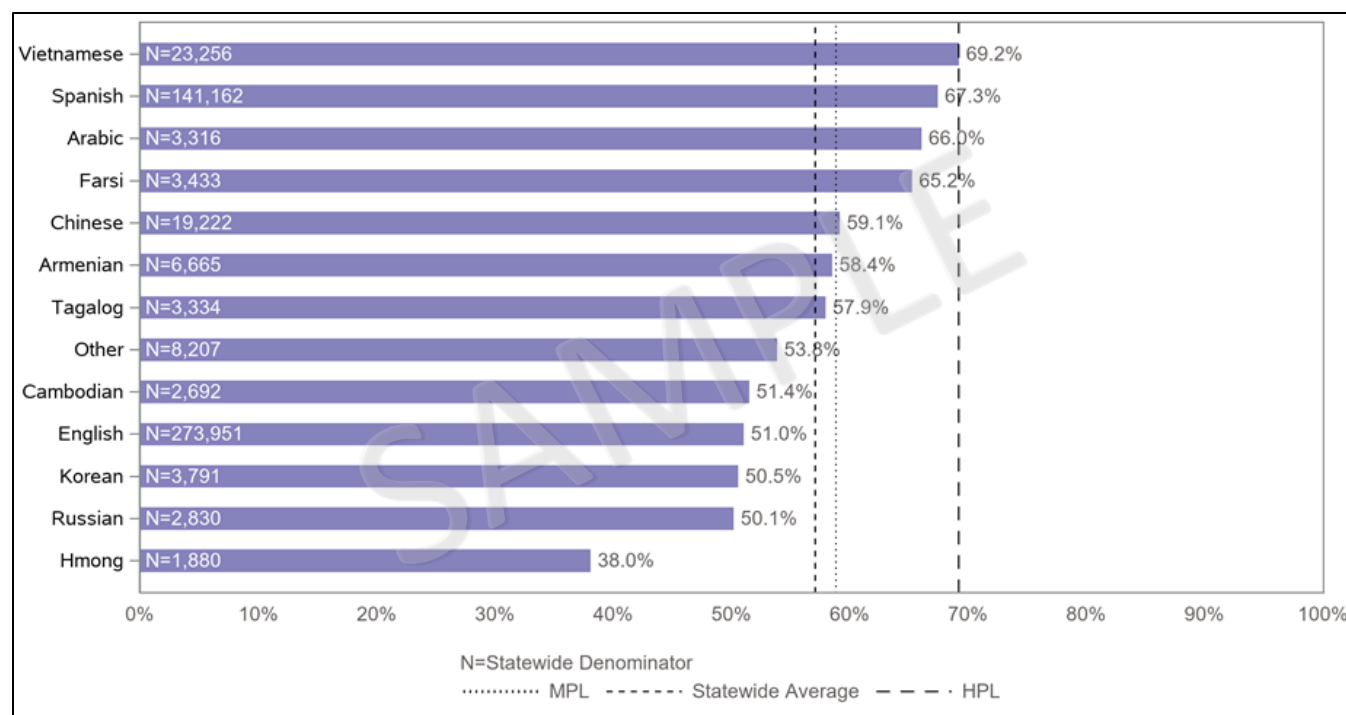
Cautions and Limitations

Hybrid Indicators

For hybrid measures/indicators, NCQA recommends the submission of a sample of 411 members per reporting unit to limit bias and to allow for results from the sample to be generalizable to the entire eligible population. As the rates for individual strata were based on fewer than 411 members, it should be noted that the stratified rates may not be generalizable to the total eligible population. Due to this caveat, the stratified rates produced for hybrid indicators should be interpreted with caution. Additionally, HSAG did not weight the statewide rates for hybrid indicators by the total eligible population, so all MCPs, regardless of size, count equally toward the statewide rates. As such, performance may not be representative of actual statewide performance.

Limiting Members

To match the age parameters for each indicator, HSAG limited the analysis to members whose age was in one of the valid age groups for each indicator, as defined in Table 2.2. For the indicators in the Women's Health domain, HSAG only kept members who were identified as female in the demographic file. Additionally, HSAG included the "Unknown/Missing" group for

race/ethnicity, primary language, and gender in the formal report as a footnote above the figures.

Health Disparities Results

While HSAG identified health disparities in this analysis, data were not available, and analyses were not performed related to the cause of the health disparities. Therefore, conclusions cannot be drawn about the cause of any health disparities identified. Additionally, the use of national benchmarks as the reference for identifying disparities results in disparities being captured based on low performance relative to national standards rather than differences in rates between racial/ethnic groups.

COVID-19 Rate Impacts and Benchmarks

Given the COVID-19 public health emergency during calendar year 2020, measurement year 2020 performance may be impacted by public health efforts (e.g., stay at home orders) aimed at preventing the spread of COVID-19. Therefore, caution should be exercised when comparing measurement year 2020 performance to benchmarks derived from measurement year 2019.

Electronic Health Record Data

Due to unreliable reporting of electronic health record data by MCPs, caution should be exercised when interpreting the *Screening for Depression and Follow-Up Plan* indicator rates in the health disparities analysis.

Child and Adult Core Set Median State Performance Rates

While HEDIS MCAS indicators utilize the NCQA 2020 Quality Compass benchmarks to identify disparities, non-HEDIS MCAS indicators are compared to the FFY 2020 Child and Adult Core Set benchmarks, where possible. Child and Adult Core Set benchmarks are established using statewide measure rates. This differs from the NCQA 2020 Quality Compass benchmark methodology, which is established using individual health plan information.

Other Racial/Ethnic Group

Approximately 8.5 percent of unique members (approximately 920,000) identified their race/ethnicity as "Other," making it the fourth largest racial/ethnic group included in the analysis. However, due to the varied racial/ethnic make-up of this population, conclusions and items for consideration regarding the Other group were not included in this report.

<table>
<tr><td style="background:#1a2e5a; color:white;">

3.   Findings

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</table>

The Findings section presents the racial/ethnic health disparities results for each indicator, where applicable, organized by domain (Children's Health, Women's Health, Behavioral Health, and Acute and Chronic Disease Management).

Racial/Ethnic Health Disparities: Children's Health Domain

Health disparities were identified when indicator rates for racial/ethnic groups were below the minimum performance level/median state performance rate (i.e., the upper bound of the 95 percent confidence interval for the rate was below the national reference rate). If a racial/ethnic group's indicator rate was equal to or higher than the minimum performance level/median state performance rate, then no health disparity was identified. Figure 3.1 displays the percentage and number of indicators in the Children's Health domain (out of six possible indicators) for which a disparity was identified or no disparity was identified.

Figure 3.1—Racial/Ethnic Health Disparities Summary: Children's Health Domain
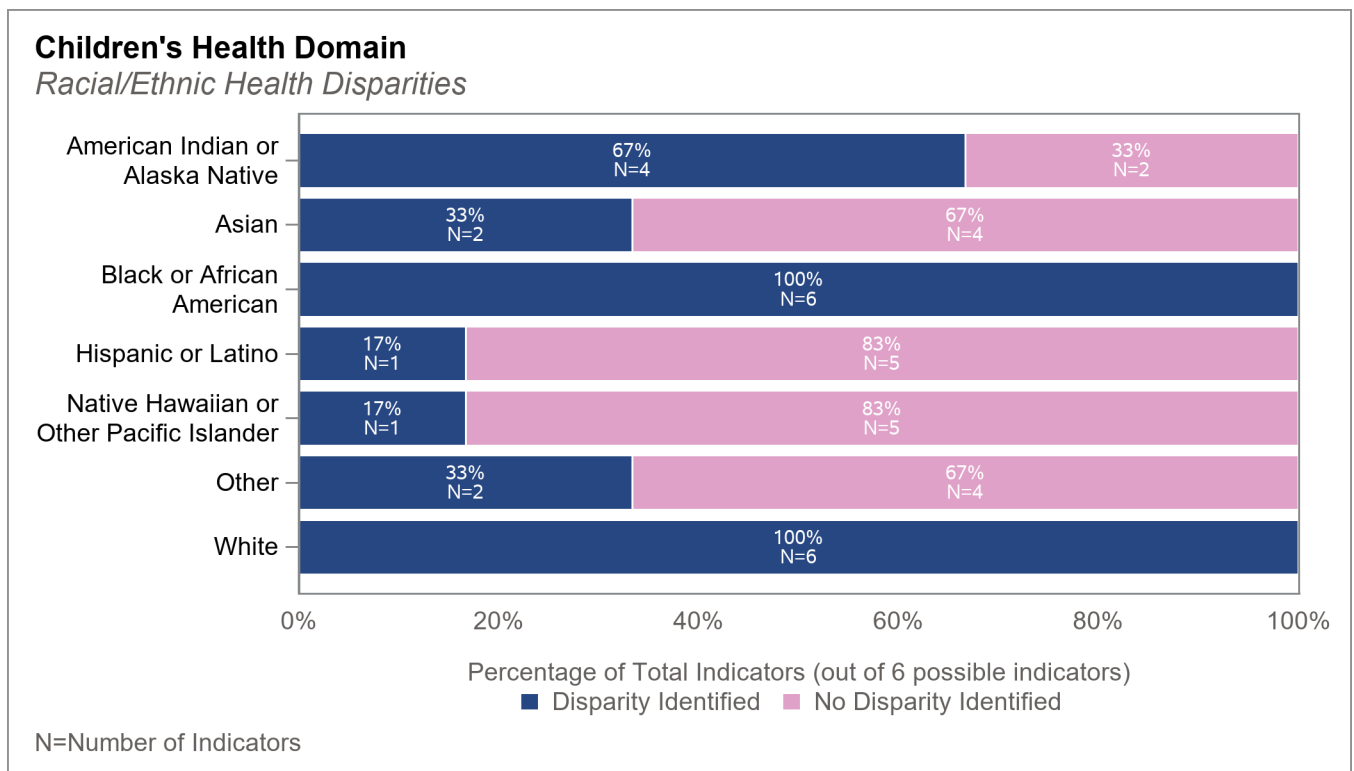
Children's Health Domain
Racial/Ethnic Health Disparities

Group	Disparity Identified	No Disparity Identified
American Indian or Alaska Native	67% N=4	33% N=2
Asian	33% N=2	67% N=4
Black or African American	100% N=6	
Hispanic or Latino	17% N=1	83% N=5
Native Hawaiian or Other Pacific Islander	17% N=1	83% N=5
Other	33% N=2	67% N=4
White	100% N=6	

Percentage of Total Indicators (out of 6 possible indicators)
■ Disparity Identified   ■ No Disparity Identified

N=Number of Indicators

American Indian or Alaska Native

♦ For the following indicators, disparities were identified for the American Indian or Alaska Native group:

  ▪ *Developmental Screening in the First Three Years of Life—Total*

  ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total*

  ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total*

  ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total*

Asian

♦ For the following indicators, disparities were identified for the Asian group:

  ▪ *Developmental Screening in the First Three Years of Life—Total*

  ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total*

Black or African American

♦ For the following indicators, disparities were identified for the Black or African American group:

  ▪ *Childhood Immunization Status—Combination 10*

  ▪ *Developmental Screening in the First Three Years of Life—Total*

  ▪ *Immunizations for Adolescents—Combination 2*

  ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total*

  ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total*

  ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total*

Hispanic or Latino

♦ A disparity was identified for the Hispanic or Latino group for the *Developmental Screening in the First Three Years of Life—Total* indicator.

Native Hawaiian or Other Pacific Islander

♦ A disparity was identified for the Native Hawaiian or Other Pacific Islander group for the *Developmental Screening in the First Three Years of Life—Total* indicator.

Other

♦ For the following indicators, disparities were identified for the Other group:
- *Developmental Screening in the First Three Years of Life—Total*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total*

White

♦ For the following indicators, disparities were identified for the White group:
- *Childhood Immunization Status—Combination 10*
- *Developmental Screening in the First Three Years of Life—Total*
- *Immunizations for Adolescents—Combination 2*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total*

Racial/Ethnic Health Disparities: Children's Health Domain Indicator Results

Figure 3.2 through Figure 3.7 display the racial/ethnic health disparities for each indicator included in the Children's Health domain. For each figure, the denominator, rate, and confidence interval for each racial/ethnic group are displayed. A downward arrow is displayed when a disparity is identified. Additionally, the statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as dotted lines.

Childhood Immunization Status—Combination 10 (CIS–10)

The *Childhood Immunization Status—Combination 10 (CIS–10)* indicator measures the percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenza type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza vaccines by their second birthday. Figure 3.2 displays the statewide *Childhood Immunization Status—Combination 10 (CIS–10)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.2—Childhood Immunization Status—Combination 10 (CIS–10) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 31.6 percent (N=2,889).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CIS–10 Rates by Race/Ethnicity

Race/Ethnicity	Rate
Asian (N=1,095)	57.2%
Hispanic or Latino (N=10,168)	44.1%
Other (N=3,252)	41.2%
Native Hawaiian or Other Pacific Islander (N=42)	33.3%
White (N=3,057)	32.5%↓
American Indian or Alaska Native (N=86)	29.1%
Black or African American (N=1,087)	22.1%↓

↓Disparity Identified   N=Statewide Denominator

·········· MPL   - - - - - - Statewide Average   — – — · HPL
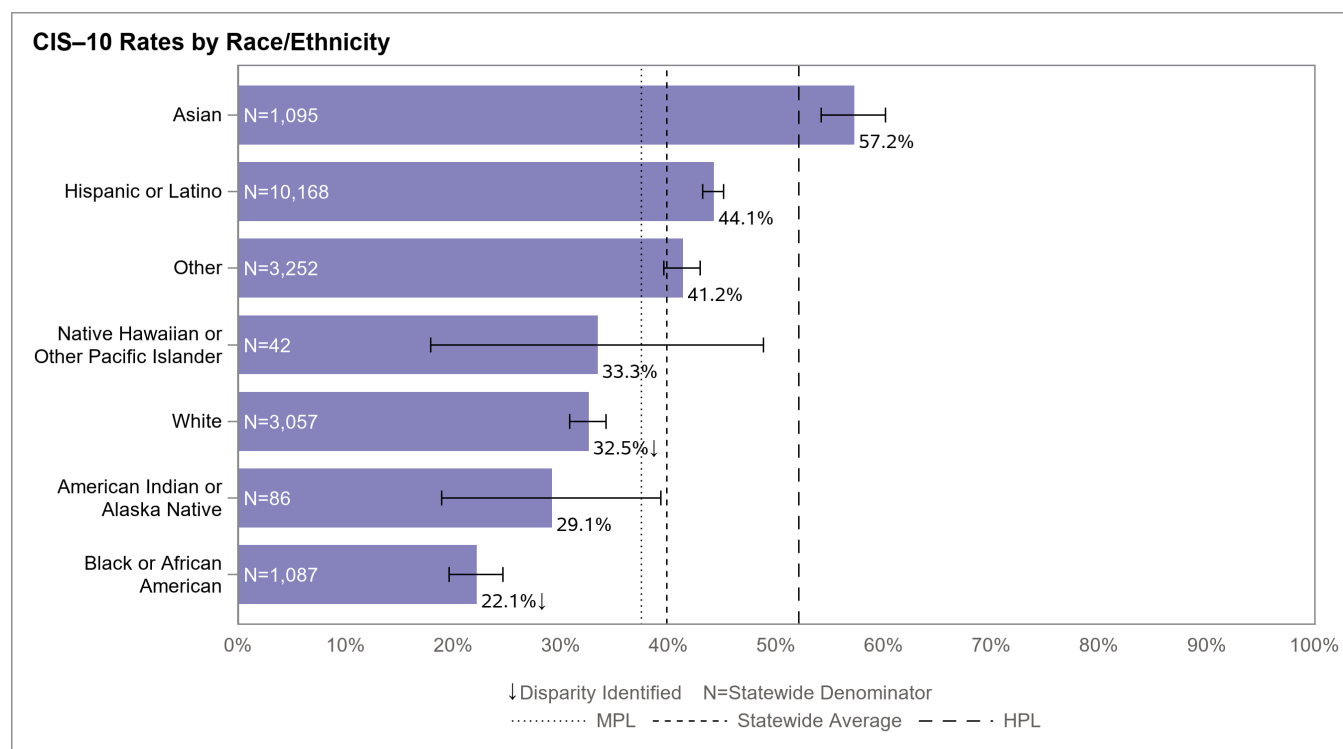
- ♦ The rates for all racial/ethnic groups ranged from 22.1 percent for the Black or African American group to 57.2 percent for the Asian group.
- ♦ Disparities were identified for the *Childhood Immunization Status—Combination 10* indicator for the following racial/ethnic groups:
  - White
  - Black or African American
- ♦ The rate for the Asian group was above the high performance level for the *Childhood Immunization Status—Combination 10* indicator.
- ♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Childhood Immunization Status—Combination 10* indicator:
  - Native Hawaiian or Other Pacific Islander
  - White
  - American Indian or Alaska Native
  - Black or African American

♦ Rates for the following racial/ethnic groups fell below the minimum performance level for the *Childhood Immunization Status—Combination 10* indicator; however, these were not identified as disparities due to part of the confidence intervals surpassing the minimum performance level:

- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Developmental Screening in the First Three Years of Life—Total (DEV)

The *Developmental Screening in the First Three Years of Life—Total (DEV)* indicator measures the percentage of children who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the child's first, second, or third birthday. Figure 3.3 displays the statewide *Developmental Screening in the First Three Years of Life—Total (DEV)* rate and denominator for each racial/ethnic group in addition to identified health disparities. Due to inconsistent reporting of electronic health record (EHR) data by MCPs, differences in rates may be impacted by data completeness.

Figure 3.3—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 19.5 percent (N=53,467).

The median state performance rate represents the 50th percentile.
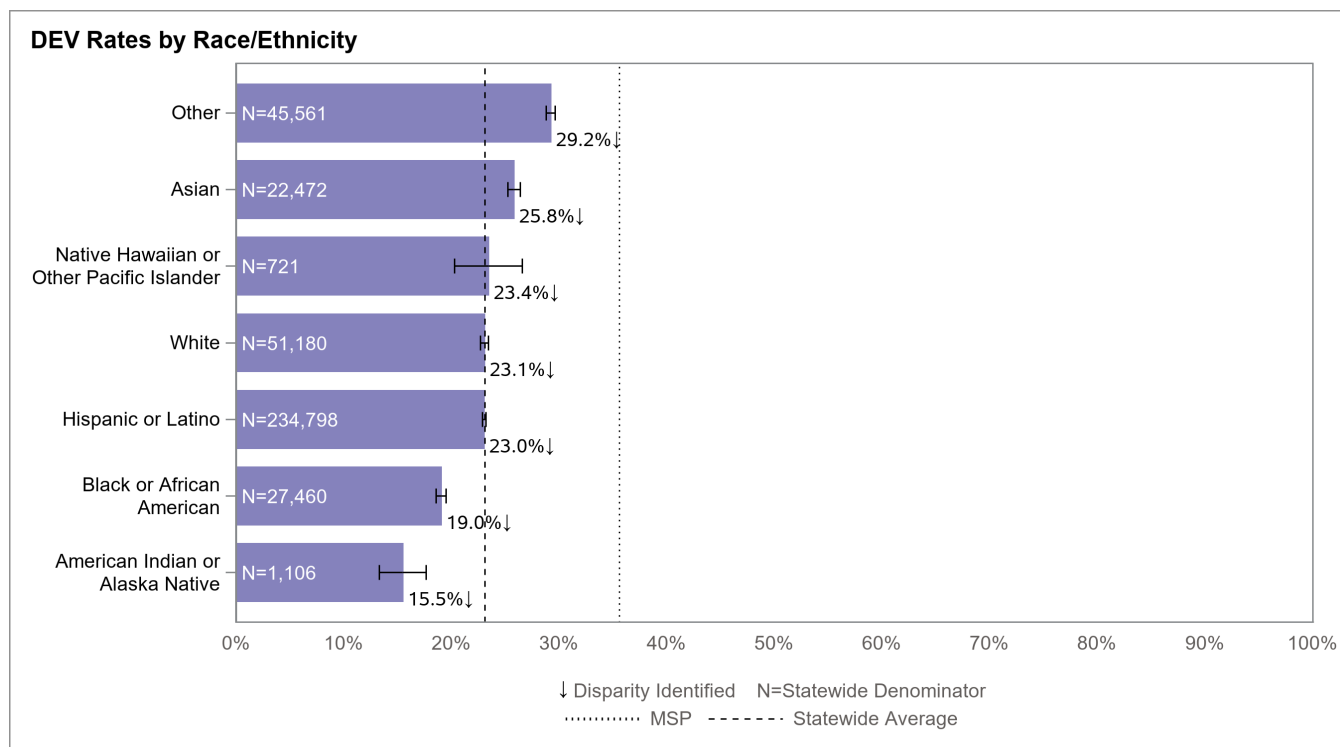
♦ The rates for all racial/ethnic groups ranged from 15.5 percent for the American Indian or Alaska Native group to 29.2 percent for the Other group.

♦ Disparities were identified for the *Developmental Screening in the First Three Years of Life—Total* indicator for all racial/ethnic groups.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Developmental Screening in the First Three Years of Life—Total* indicator:

- White
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native

Immunizations for Adolescents—Combination 2 (IMA–2)

The *Immunizations for Adolescents—Combination 2 (IMA–2)* indicator measures the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine; one tetanus, diphtheria toxoids, and acellular pertussis vaccine; and have completed the human papillomavirus vaccine series by their 13th birthday. Figure 3.4 displays the statewide *Immunizations for Adolescents—Combination 2 (IMA–2)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.4—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 29.5 percent (N=485).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

IMA–2 Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Asian	N=1,490	47.5%
Hispanic or Latino	N=12,859	45.8%
Native Hawaiian or Other Pacific Islander	N=69	40.6%
Other	N=1,260	37.7%
American Indian or Alaska Native	N=135	31.9%
Black or African American	N=1,287	30.2%↓
White	N=3,809	29.1%↓

↓Disparity Identified N=Statewide Denominator

·········· MPL   - - - - - Statewide Average   — — — HPL
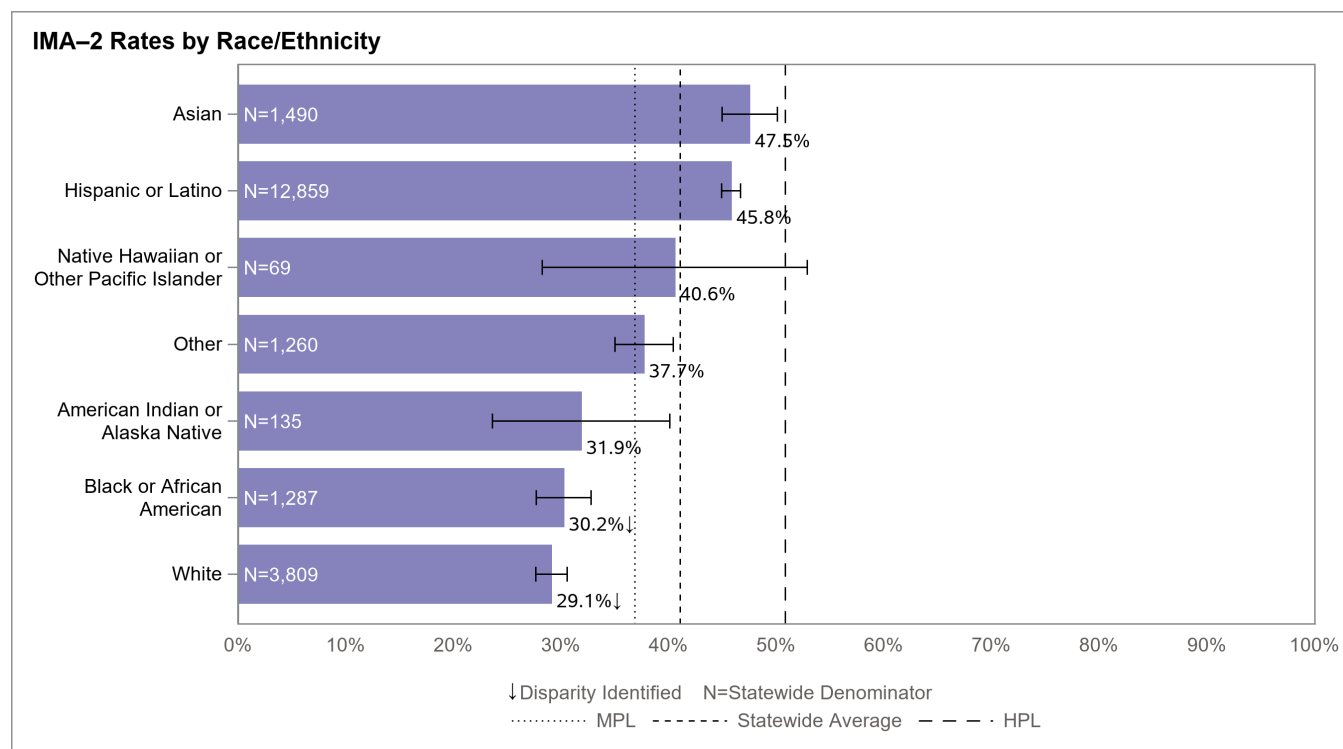
- The rates for all racial/ethnic groups ranged from 29.1 percent for the White group to 47.5 percent for the Asian group.
- Disparities were identified for the *Immunizations for Adolescents—Combination 2* indicator for the following racial/ethnic groups:
  - Black or African American
  - White
- None of the racial/ethnic groups had rates that were above the high performance level for the *Immunizations for Adolescents—Combination 2* indicator.
- The following racial/ethnic groups exhibited rates below the statewide average for the *Immunizations for Adolescents—Combination 2* indicator:
  - Native Hawaiian or Other Pacific Islander
  - Other
  - American Indian or Alaska Native
  - Black or African American
  - White
- The rate for the American Indian or Alaska Native group fell below the minimum performance level for the *Immunizations for Adolescents—Combination 2* indicator; however, this was not identified as disparity due to part of the confidence interval surpassing the minimum performance level.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total (WCC–BMI)* indicator measures the percentage of members 3 to 17 years of age who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence that their BMI percentile was documented. Figure 3.5 displays the statewide *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total (WCC–BMI)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.5—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 81.6 percent (N=1,059).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
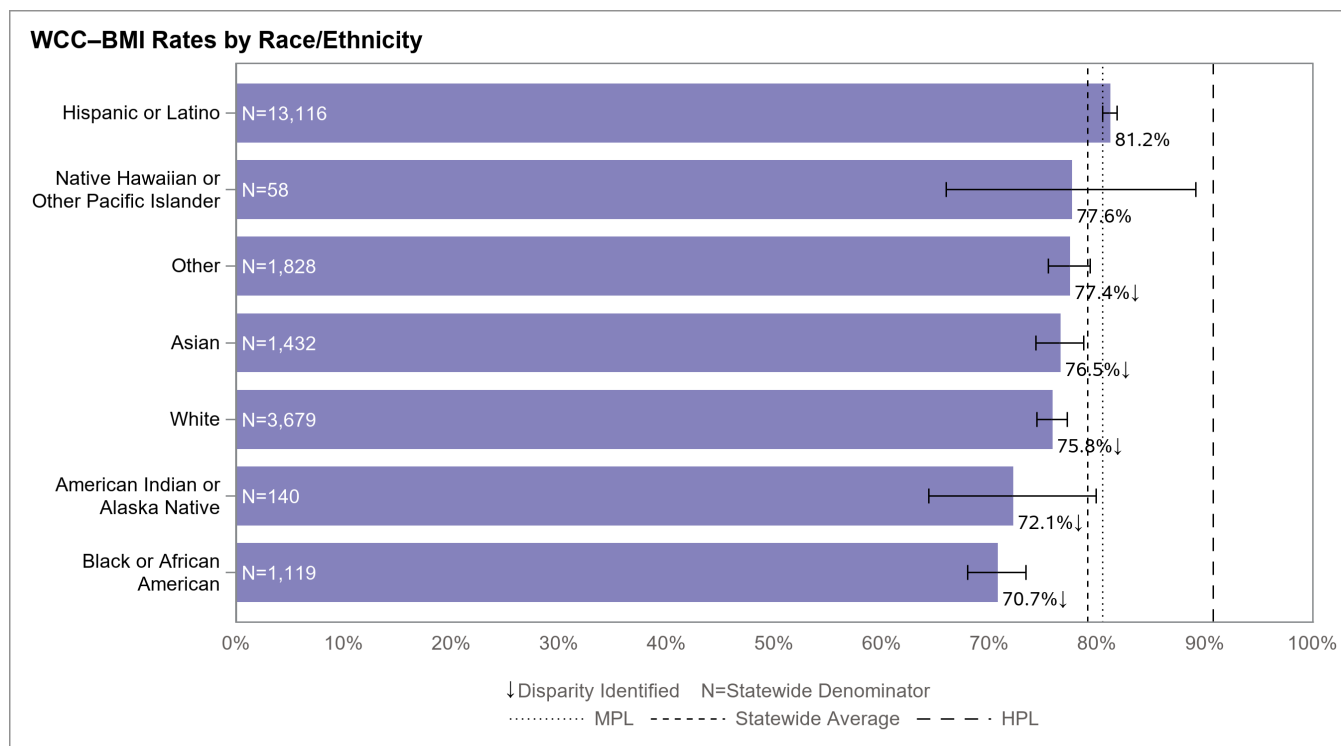
- ◆ The rates for all racial/ethnic groups ranged from 70.7 percent for the Black or African American group to 81.2 percent for the Hispanic or Latino group.
- ◆ Disparities were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total* indicator for the following racial/ethnic groups:
  - ■ Other
  - ■ Asian
  - ■ White
  - ■ American Indian or Alaska Native
  - ■ Black or African American
- ◆ None of the racial/ethnic groups had rates that were above the high performance level for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total* indicator.
- ◆ The following racial/ethnic groups exhibited rates below the statewide average for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total* indicator:
  - ■ Native Hawaiian or Other Pacific Islander
  - ■ Other
  - ■ Asian
  - ■ White
  - ■ American Indian or Alaska Native
  - ■ Black or African American
- ◆ The rate for the Native Hawaiian or Other Pacific Islander group fell below the minimum performance level for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total (WCC–N)* indicator measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition. Figure 3.6 displays the statewide *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total (WCC–N)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 70.6 percent (N=1,059).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
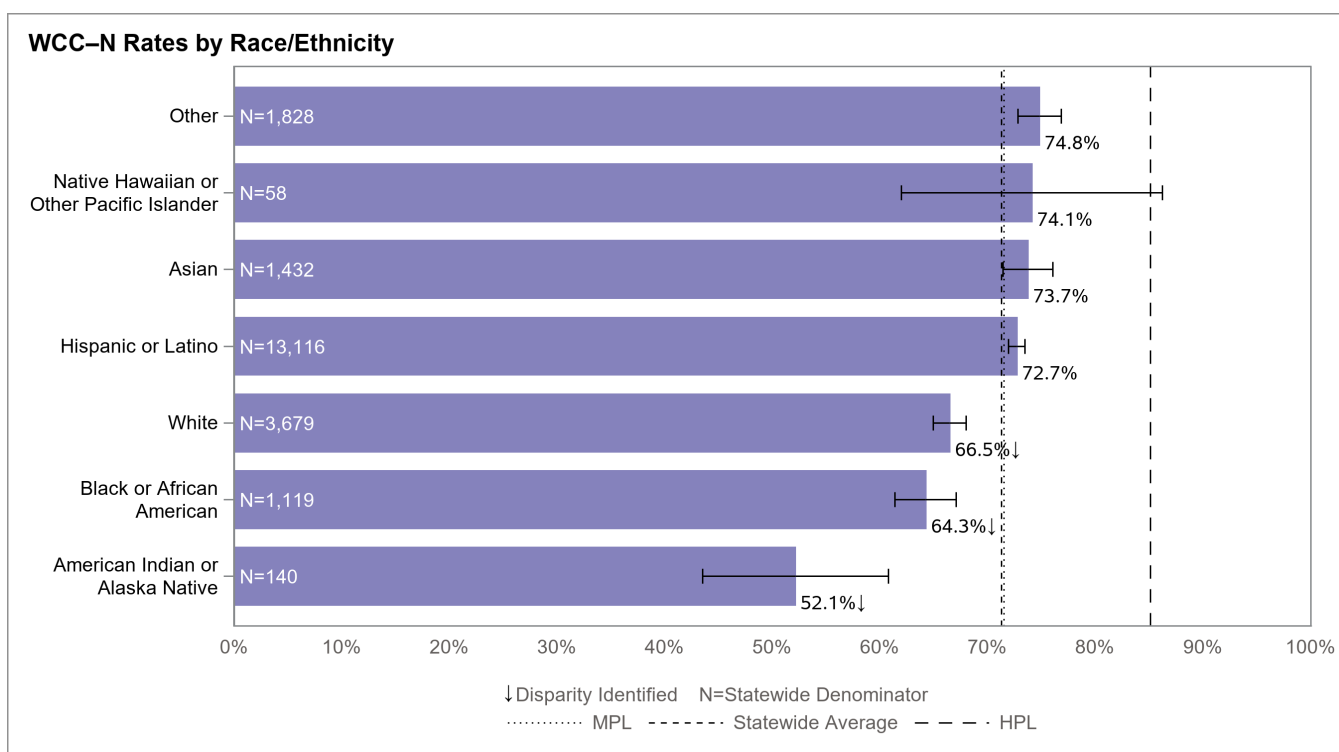
♦ The rates for all racial/ethnic groups ranged from 52.1 percent for the American Indian or Alaska Native group to 74.8 percent for the Other group.

♦ Disparities were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total* indicator for the following racial/ethnic groups:

  ■ White

  ■ Black or African American

  ■ American Indian or Alaska Native

♦ None of the racial/ethnic groups had rates that were above the high performance level for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total* indicator.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total* indicator:

  ■ White

  ■ Black or African American

  ■ American Indian or Alaska Native

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total (WCC–PA)* indicator measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity. Figure 3.7 displays the statewide *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total (WCC–PA)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.7—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 66.8 percent (N=1,059).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–PA Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Native Hawaiian or Other Pacific Islander	N=58	72.4%
Other	N=1,828	72.3%
Asian	N=1,432	71.8%
Hispanic or Latino	N=13,116	70.1%
White	N=3,679	64.4%↓
Black or African American	N=1,119	61.0%↓
American Indian or Alaska Native	N=140	50.7%↓

↓ Disparity Identified   N=Statewide Denominator
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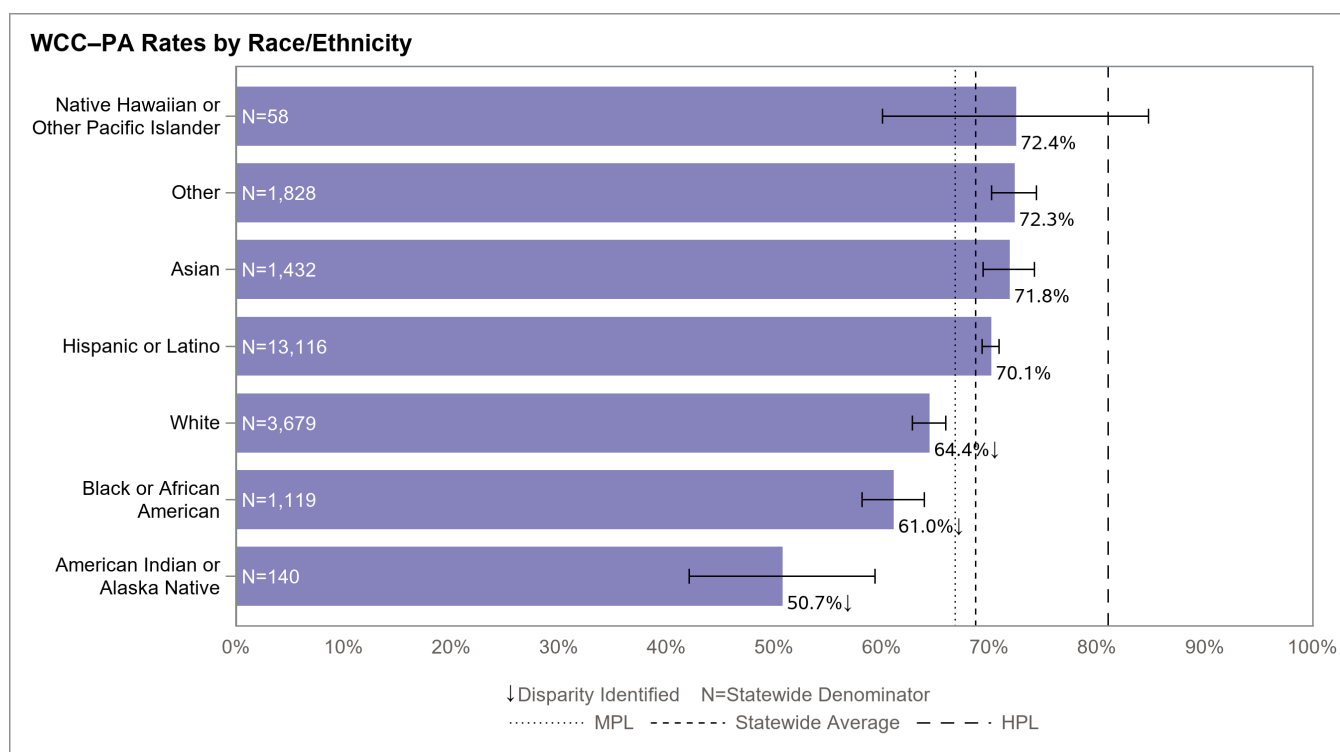
♦ The rates for all racial/ethnic groups ranged from 50.7 percent for the American Indian or Alaska Native group to 72.4 percent for the Native Hawaiian or Other Pacific Islander group.

♦ Disparities were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total* indicator for the following racial/ethnic groups:

   ▪ White
   ▪ Black or African American
   ▪ American Indian or Alaska Native

♦ None of the racial/ethnic groups had rates that were above the high performance level for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total* indicator.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total* indicator:

   ▪ White
   ▪ Black or African American
   ▪ American Indian or Alaska Native

Racial/Ethnic Health Disparities: Women's Health Domain

Health disparities were identified when indicator rates for racial/ethnic groups were below the minimum performance level/median state performance rate (i.e., the upper bound of the 95 percent confidence interval for the rate was below the national reference rate). If a racial/ethnic group's indicator rate was equal to or higher than the minimum performance level/median state performance rate, then no health disparity was identified. Figure 3.8 displays the percentage and number of indicators in the Women's Health domain (out of 17 possible indicators) for which a disparity was identified or no disparity was identified.

Figure 3.8—Racial/Ethnic Health Disparities Summary: Women's Health Domain

Note: Due to small numerators or denominators, the American Indian or Alaska Native (N=14), Asian (N=15), and Native Hawaiian or Other Pacific Islander (N=12) groups were not evaluated for health disparities for all 17 possible indicators.
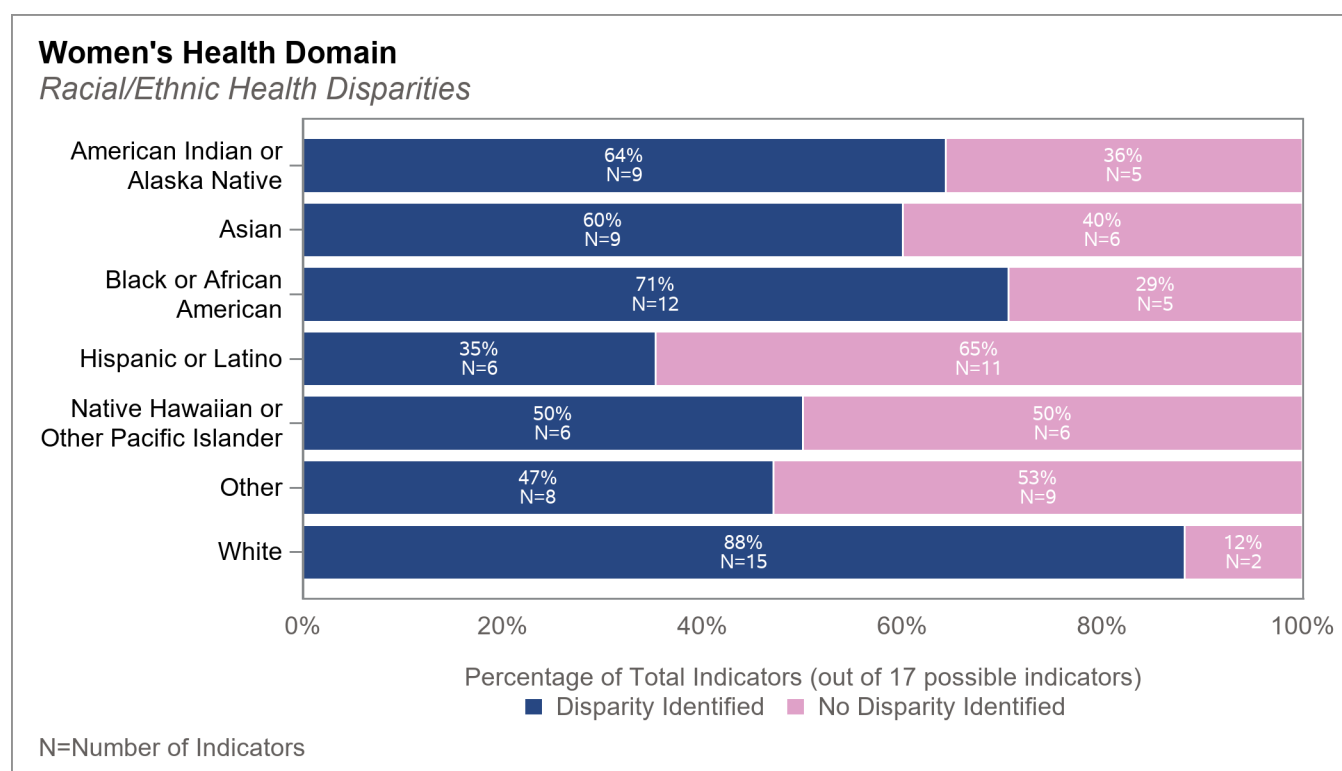
Women's Health Domain
Racial/Ethnic Health Disparities

Group	Disparity Identified	No Disparity Identified
American Indian or Alaska Native	64% N=9	36% N=5
Asian	60% N=9	40% N=6
Black or African American	71% N=12	29% N=5
Hispanic or Latino	35% N=6	65% N=11
Native Hawaiian or Other Pacific Islander	50% N=6	50% N=6
Other	47% N=8	53% N=9
White	88% N=15	12% N=2

Percentage of Total Indicators (out of 17 possible indicators)
■ Disparity Identified ■ No Disparity Identified

N=Number of Indicators

American Indian or Alaska Native

♦ For the following indicators, disparities were identified for the American Indian or Alaska Native group:

  ■ *Breast Cancer Screening*
  ■ *Cervical Cancer Screening*
  ■ *Chlamydia Screening in Women—Total*
  ■ *Contraceptive Care—All Women—LARC—Ages 21–44 Years*

- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

Asian

♦ For the following indicators, disparities were identified for the Asian group:
- *Cervical Cancer Screening*
- *Contraceptive Care—All Women—LARC—Ages 15–20 Years*
- *Contraceptive Care—All Women—LARC—Ages 21–44 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years*

Black or African American

♦ For the following indicators, disparities were identified for the Black or African American group:
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Contraceptive Care—All Women—LARC—Ages 15–20 Years*
- *Contraceptive Care—All Women—LARC—Ages 21–44 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years*

- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

Hispanic or Latino

- ◆ For the following indicators, disparities were identified for the Hispanic or Latino group:
  - *Contraceptive Care—All Women—LARC—Ages 15–20 Years*
  - *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*
  - *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years*
  - *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years*
  - *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years*
  - *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years*

Native Hawaiian or Other Pacific Islander

- ◆ For the following indicators, disparities were identified for the Native Hawaiian or Other Pacific Islander group:
  - *Breast Cancer Screening*
  - *Contraceptive Care—All Women—LARC—Ages 15–20 Years*
  - *Contraceptive Care—All Women—LARC—Ages 21–44 Years*
  - *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*
  - *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years*
  - *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years*

Other

- ◆ For the following indicators, disparities were identified for the Other group:
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
  - *Contraceptive Care—All Women—LARC—Ages 15–20 Years*

- *Contraceptive Care—All Women—LARC—Ages 21–44 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years*

White

♦ For the following indicators, disparities were identified for the White group:
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Chlamydia Screening in Women—Total*
- *Contraceptive Care—All Women—LARC—Ages 15–20 Years*
- *Contraceptive Care—All Women—LARC—Ages 21–44 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years*
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

Racial/Ethnic Health Disparities: Women's Health Domain Indicator Results

Figure 3.9 through Figure 3.25 display the racial/ethnic health disparities for each indicator included in the Women's Health domain. For each figure, the denominator, rate, and confidence interval for each racial/ethnic group are displayed. A downward arrow is displayed when a disparity is identified. Additionally, the statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as dotted lines.

Breast Cancer Screening (BCS)

The Breast Cancer Screening (BCS) indicator measures the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer. Figure 3.9 displays the statewide *Breast Cancer Screening (BCS)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.9—Breast Cancer Screening (BCS) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 52.2 percent (N=20,478).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
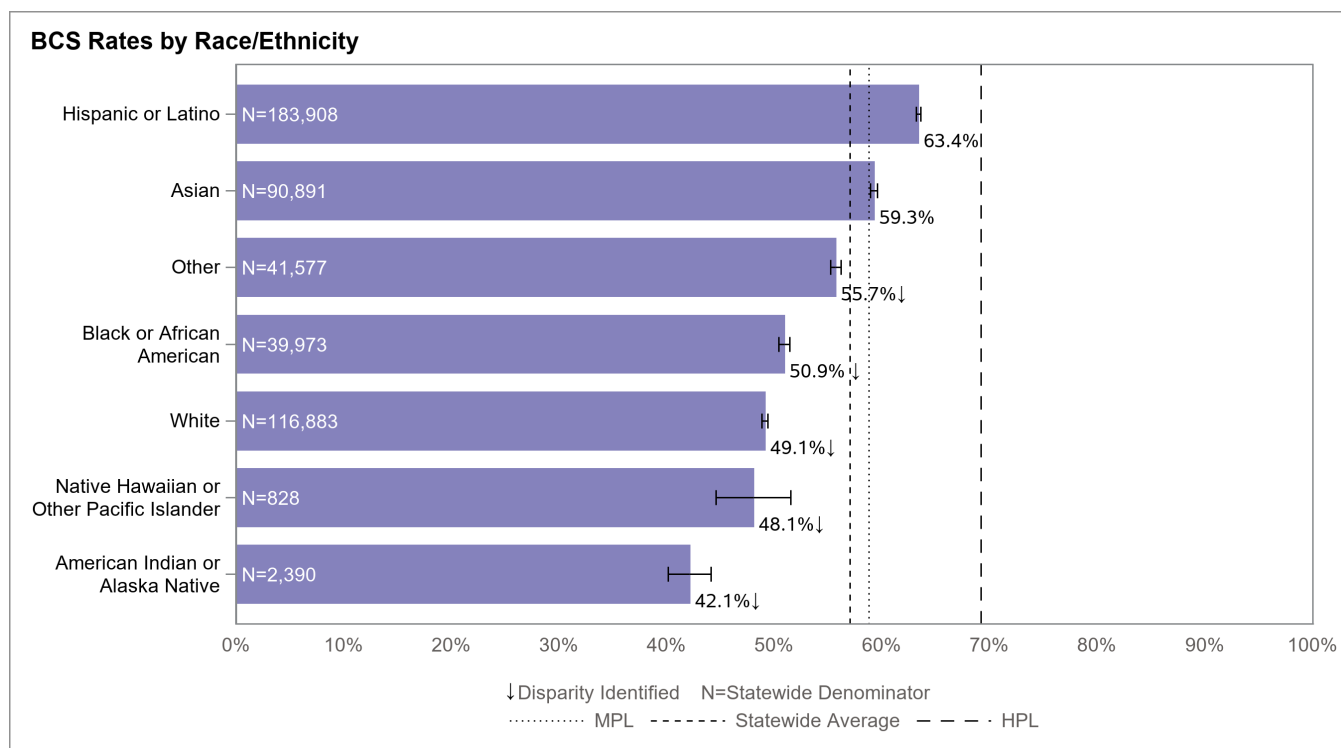
♦ The rates for all racial/ethnic groups ranged from 42.1 percent for the American Indian or Alaska Native group to 63.4 percent for the Hispanic or Latino group.

♦ Disparities were identified for the *Breast Cancer Screening* indicator for the following racial/ethnic groups:

- Other
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

♦ None of the racial/ethnic group rates for the *Breast Cancer Screening* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Breast Cancer Screening* indicator:

- Other
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Cervical Cancer Screening (CCS)

The *Cervical Cancer Screening (CCS)* indicator measures the percentage of women 21 to 64 years of age who were screened for cervical cancer. Figure 3.10 displays the statewide *Cervical Cancer Screening (CCS)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.10—Cervical Cancer Screening (CCS) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 55.1 percent (N=668).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CCS Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Hispanic or Latino	N=8,385	62.3%
Asian	N=2,236	58.9%↓
Black or African American	N=1,516	57.8%↓
Other	N=3,156	56.8%↓
White	N=5,933	53.4%↓
Native Hawaiian or Other Pacific Islander	N=61	52.5%
American Indian or Alaska Native	N=176	45.5%↓

↓Disparity Identified   N=Statewide Denominator

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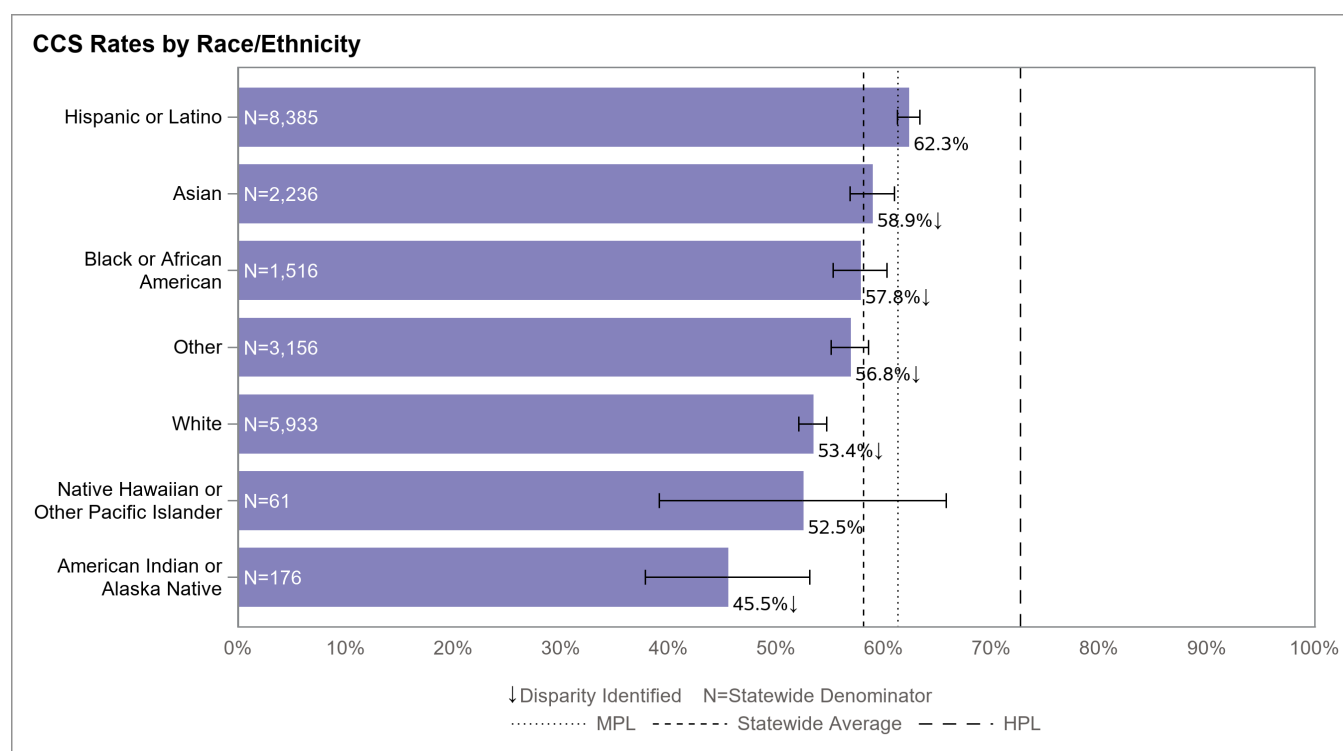
- The rates for all racial/ethnic groups ranged from 45.5 percent for the American Indian or Alaska Native group to 62.3 percent for the Hispanic or Latino group.
- Disparities were identified for the *Cervical Cancer Screening* indicator for the following racial/ethnic groups:
  - Asian
  - Black or African American
  - Other
  - White
  - American Indian or Alaska Native
- None of the racial/ethnic group rates for the *Cervical Cancer Screening* indicator were above the high performance level.
- The following racial/ethnic groups exhibited rates below the statewide average for the *Cervical Cancer Screening* indicator:
  - Black or African American
  - Other
  - White
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native
- The rate for the Native Hawaiian or Other Pacific Islander group fell below the minimum performance level for the *Cervical Cancer Screening* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Chlamydia Screening in Women—Total (CHL)

The *Chlamydia Screening in Women—Total (CHL)* indicator measures the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Figure 3.11 displays the statewide *Chlamydia Screening in Women—Total (CHL)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.11—Chlamydia Screening in Women—Total (CHL) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 55.7 percent (N=6,622).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CHL Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Black or African American	N=23,927	70.9%
Hispanic or Latino	N=191,029	63.0%
Other	N=24,197	62.5%
Native Hawaiian or Other Pacific Islander	N=520	59.4%
Asian	N=15,494	57.7%
American Indian or Alaska Native	N=1,207	55.3%↓
White	N=46,309	53.2%↓

↓Disparity Identified   N=Statewide Denominator

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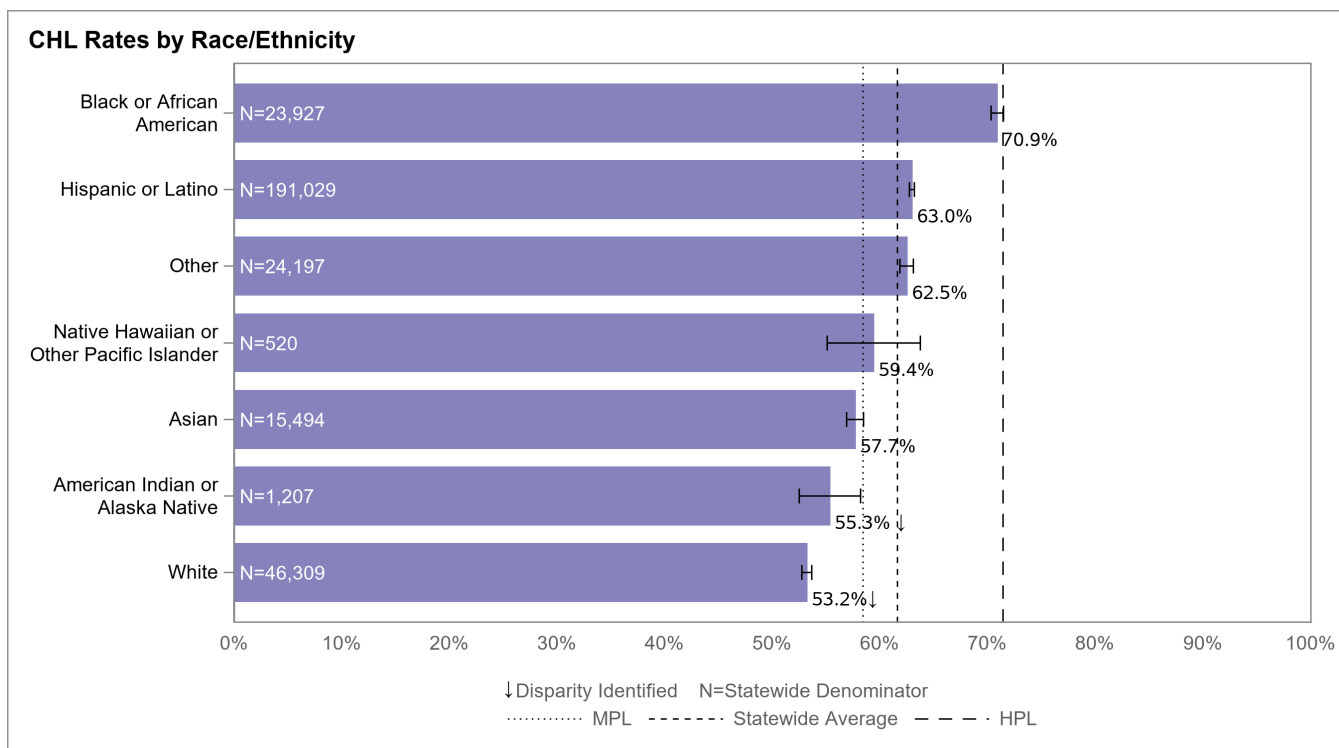
♦ The rates for all racial/ethnic groups ranged from 53.2 percent for the White group to 70.9 percent for the Black or African American group.

♦ Disparities were identified for the *Chlamydia Screening in Women—Total* indicator for the following racial/ethnic groups:

- American Indian or Alaska Native

- White

♦ None of the racial/ethnic group rates for the *Chlamydia Screening in Women—Total* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Chlamydia Screening in Women—Total* indicator:

- Native Hawaiian or Other Pacific Islander

- Asian

- American Indian or Alaska Native

- White

♦ The rate for the Asian group fell below the minimum performance level for the *Chlamydia Screening in Women—Total* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520)

The *Contraceptive Care—All Women—Ages 15–20 Years (CCW–LARC–1520)* indicator measures the percentage of women 15 to 20 years of age at risk of unintended pregnancy who were provided a long-acting reversible method of contraception. Figure 3.12 displays the statewide *Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.12—Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 1.9 percent (N=12,116).

The following are the denominator sizes for select racial/ethnic groups: White (71,897), Other (28,938), Hispanic or Latino (373,171), Black or African American (36,245), Native Hawaiian or Other Pacific Islander (1,331), and Asian (43,338).

The median state performance rate represents the 50th percentile.

CCW–LARC–1520 Rates by Race/Ethnicity

Race/Ethnicity	Rate
American Indian or Alaska Native (N=1,896)	4.0%
White	3.1%↓
Other	3.0%↓
Hispanic or Latino	2.2%↓
Black or African American	2.1%↓
Native Hawaiian or Other Pacific Islander	1.9%↓
Asian	0.9%↓

↓ Disparity Identified   N=Statewide Denominator
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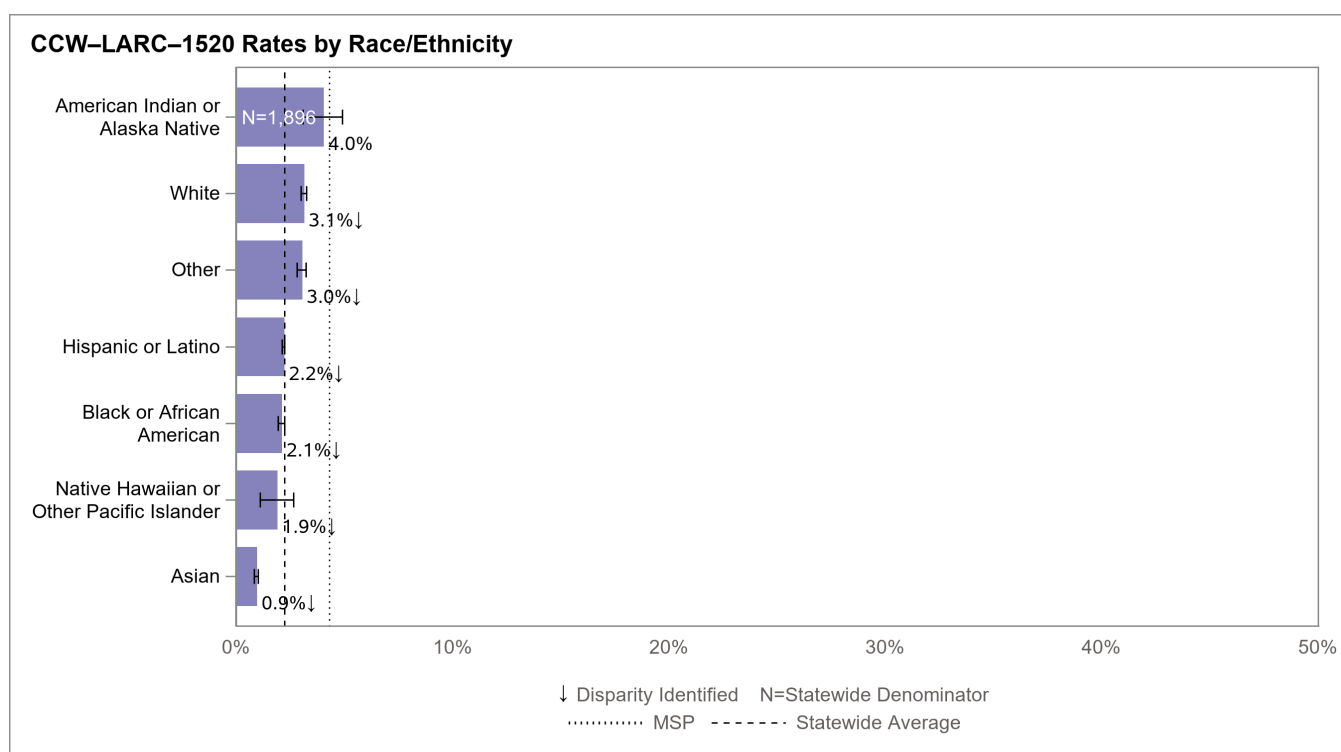
♦ The rates for all racial/ethnic groups ranged from 0.9 percent for the Asian group to 4.0 percent for the American Indian or Alaska Native group.

♦ Disparities were identified for the *Contraceptive Care—All Women—LARC—Ages 15–20 Years* indicator for the following racial/ethnic groups:

- White
- Other
- Hispanic or Latino
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Contraceptive Care—All Women—LARC—Ages 15–20 Years* indicator:

- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian

♦ The rate for the American Indian or Alaska Native group fell below the median state performance rate for the *Contraceptive Care—All Women—LARC—Ages 15–20 Years* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the median state performance rate.

Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144)

The *Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144)* indicator measures the percentage of women 21 to 44 years of age at risk of unintended pregnancy who were provided a long-acting reversible method of contraception. Figure 3.13 displays the statewide *Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144)* rate and denominator for each racial/ethnic group in addition to identified health disparities**.**

Figure 3.13—Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 3.4 percent (N=43,528).

The following are the denominator sizes for select racial/ethnic groups: White (279,940), Black or African American (124,735), and Asian (116,820).

The median state performance rate represents the 50th percentile.

CCW–LARC–2144 Rates by Race/Ethnicity

Race/Ethnicity	Rate
Hispanic or Latino (N=655,588)	5.0%
Other (N=143,052)	4.9%↓
American Indian or Alaska Native (N=6,435)	4.0%↓
Native Hawaiian or Other Pacific Islander (N=3,340)	3.7%↓
White	3.7%↓
Black or African American	3.5%↓
Asian	2.6%↓

↓ Disparity Identified   N=Statewide Denominator
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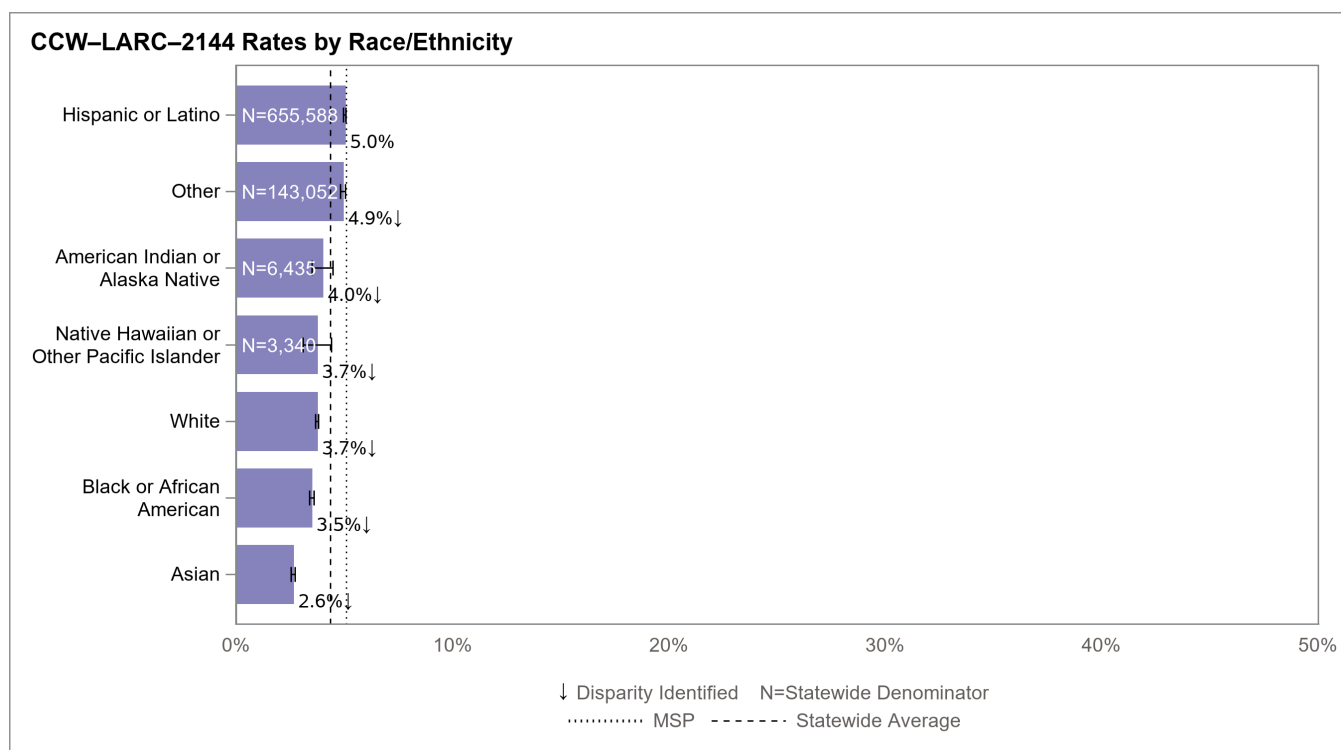
♦ The rates for all racial/ethnic groups ranged from 2.6 percent for the Asian group to 5.0 percent for the Hispanic or Latino group.

♦ Disparities were identified for the *Contraceptive Care—All Women—LARC—Ages 21–44 Years* indicator for the following racial/ethnic groups:

■ Other

■ American Indian or Alaska Native

■ Native Hawaiian or Other Pacific Islander

■ White

■ Black or African American

■ Asian

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Contraceptive Care—All Women—LARC—Ages 21–44 Years* indicator:

■ American Indian or Alaska Native

■ Native Hawaiian or Other Pacific Islander

■ White

■ Black or African American

■ Asian

♦ The rate for the Hispanic or Latino group fell below the median state performance rate for the *Contraceptive Care—All Women—LARC—Ages 21–44 Years* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the median state performance rate.

Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520)

The Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) indicator measures the percentage of women 15 to 20 years of age at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception. Figure 3.14 displays the statewide *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.14—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 14.6 percent (N=12,116).

The median state performance rate represents the 50th percentile.

CCW–MMEC–1520 Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
White	N=71,897	23.9%↓
American Indian or Alaska Native	N=1,896	22.7%↓
Other	N=28,938	18.6%↓
Black or African American	N=36,245	15.7%↓
Hispanic or Latino	N=373,171	13.2%↓
Native Hawaiian or Other Pacific Islander	N=1,331	10.7%↓
Asian	N=43,338	9.1%↓

↓ Disparity Identified   N=Statewide Denominator
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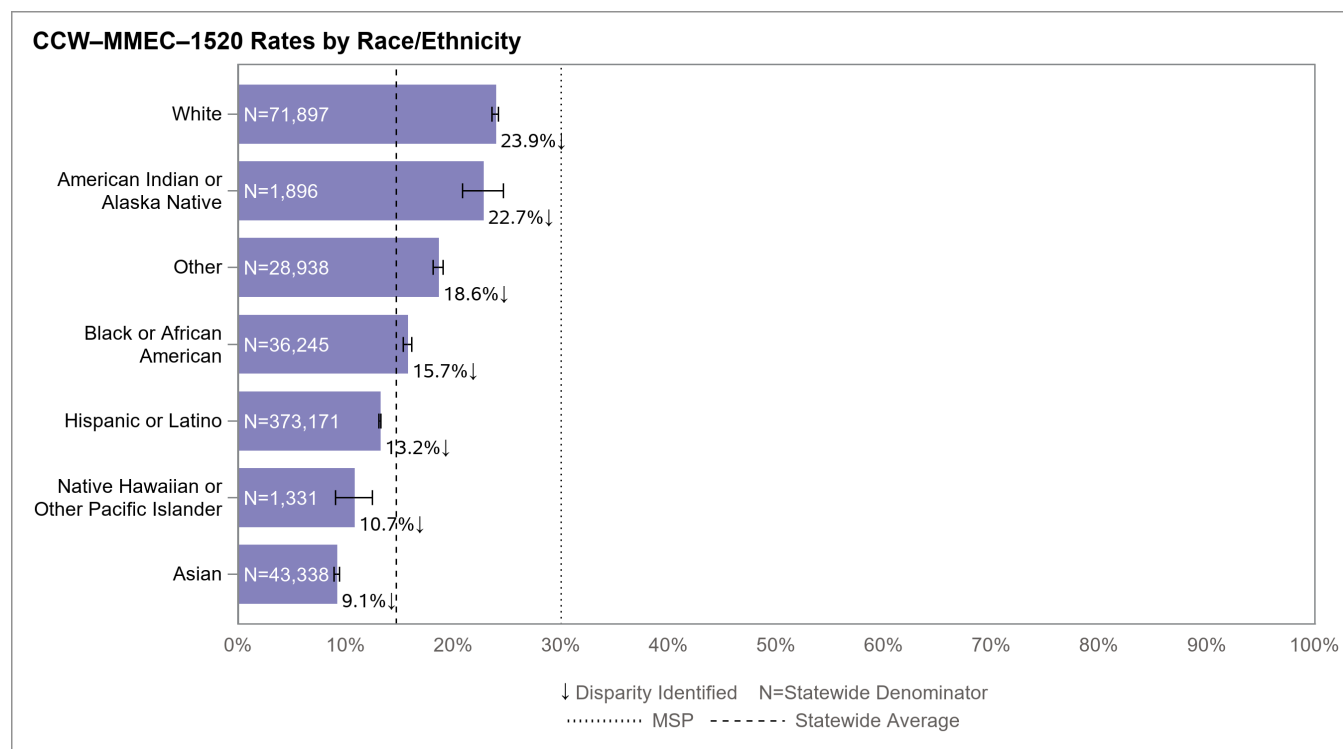
♦ The rates for all racial/ethnic groups ranged from 9.1 percent for the Asian group to 23.9 percent for the White group.

♦ Disparities were identified for the *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years* indicator for all racial/ethnic groups.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years* indicator:

- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Asian

Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144)

The *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144)* indicator measures the percentage of women 21 to 44 years of age at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception. Figure 3.15 displays the statewide *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.15—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 20.8 percent (N=43,528).

The median state performance rate represents the 50th percentile.
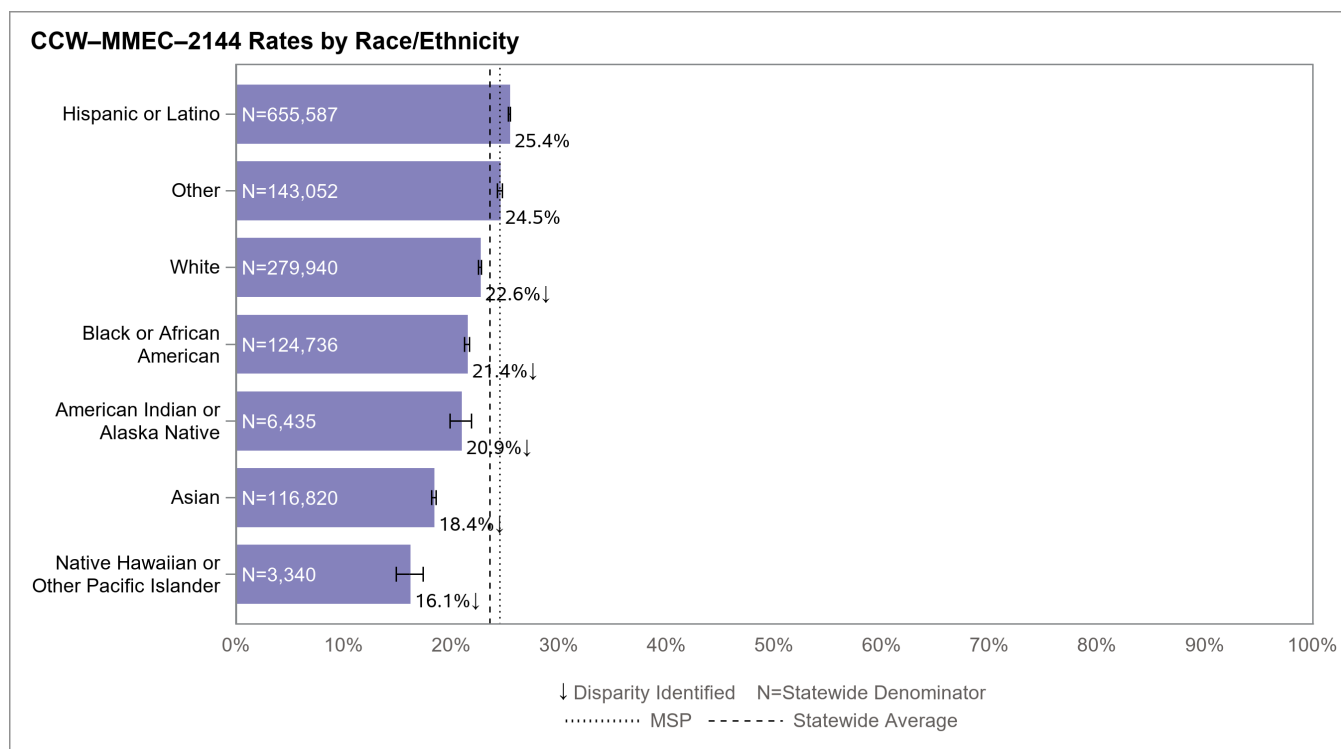
♦ The rates for all racial/ethnic groups ranged from 16.1 percent for the Native Hawaiian or Other Pacific Islander group to 25.4 percent for the Hispanic or Latino group.

♦ Disparities were identified for the *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years* indicator for the following racial/ethnic groups:

  ■ White
  ■ Black or African American
  ■ American Indian or Alaska Native
  ■ Asian
  ■ Native Hawaiian or Other Pacific Islander

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years* indicator:

  ■ White
  ■ Black or African American
  ■ American Indian or Alaska Native
  ■ Asian
  ■ Native Hawaiian or Other Pacific Islander

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520)

The *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520)* indicator measures the percentage of women 15 to 20 years of age who had a live birth who were provided a long-acting reversible method of contraception within 3 days of delivery. Figure 3.16 displays the statewide *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.16—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was suppressed due to a small numerator.

The following are the denominator sizes for select racial/ethnic groups: Hispanic or Latino (6,842), Black or African American (691), and White (997).

S indicates fewer than 11 cases exist in the numerator for the racial/ethnic group; therefore, HSAG suppresses displaying the rate in this report to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.

CCP–LARC3–1520 Rates by Race/Ethnicity

Race/Ethnicity	Rate
Other	N=901 4.0%
Hispanic or Latino	2.9%
Black or African American	2.2%
White	1.6%
American Indian or Alaska Native	S
Asian	S
Native Hawaiian or Other Pacific Islander	NA

↓ Disparity Identified   N=Statewide Denominator
·········· MSP   - - - - - Statewide Average
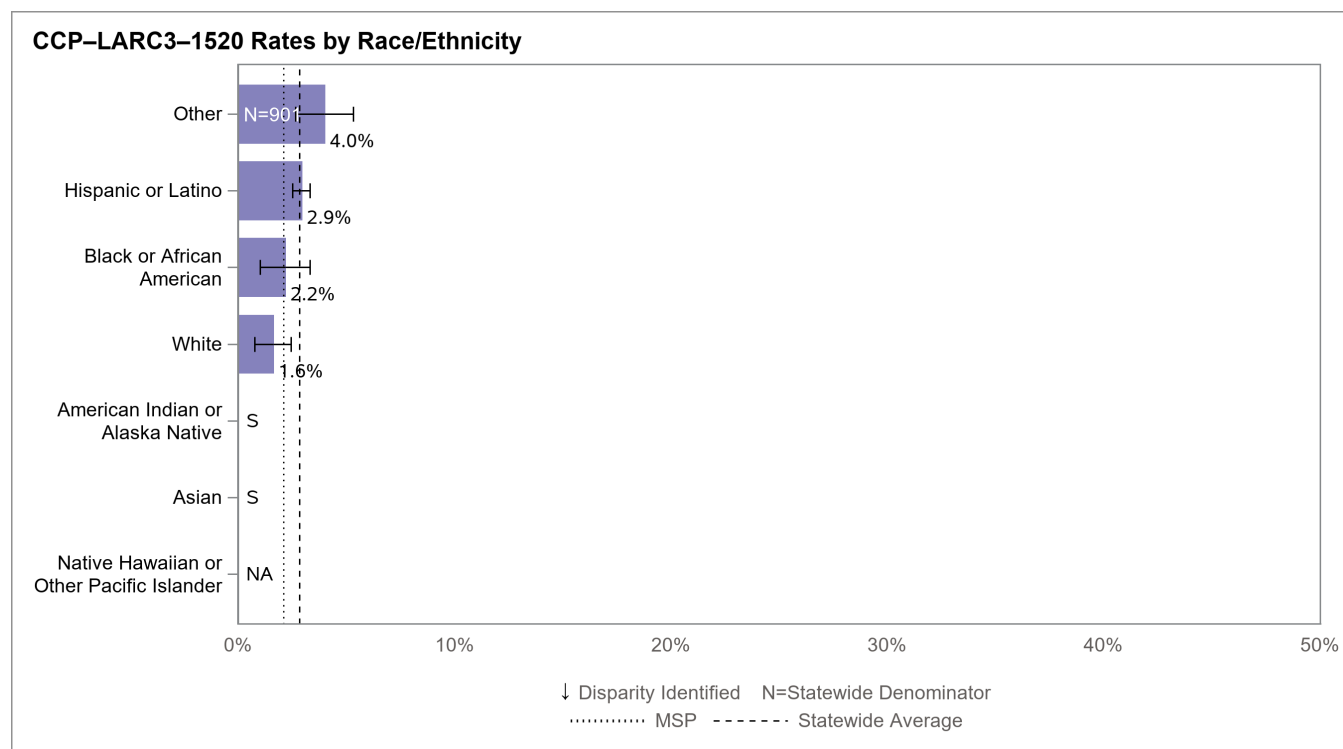
♦ The reportable rates for the racial/ethnic groups ranged from 1.6 percent for the White group to 4.0 percent for the Other group.

♦ No disparities were identified for the *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years* indicator.

♦ The following racial/ethnic groups exhibited a reportable rate below the statewide average for the *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years* indicator:

  ■ Black or African American

  ■ White

♦ The rate for the White group fell below the median state performance rate for the *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the median state performance rate.

Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144)

The *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144)* indicator measures the percentage of women 21 to 44 years of age who had a live birth who were provided a long-acting reversible method of contraception within 3 days of delivery. Figure 3.17 displays the statewide *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.17—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 2.2 percent (N=2,587).

The following are the denominator sizes for the racial/ethnic groups: Other (11,810), Black or African American (8,585), Hispanic or Latino (54,749), American Indian or Alaska Native (493), Asian (5,763), and White (16,288).

S indicates fewer than 11 cases exist in the numerator for the racial/ethnic group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The median state performance rate represents the 50th percentile.

CCP–LARC3–2144 Rates by Race/Ethnicity

- Other — 3.3%
- Black or African American — 3.2%
- Hispanic or Latino — 2.7%
- American Indian or Alaska Native — 2.2%
- Asian — 1.8%
- White — 1.6%↓
- Native Hawaiian or Other Pacific Islander — S

↓ Disparity Identified   N=Statewide Denominator
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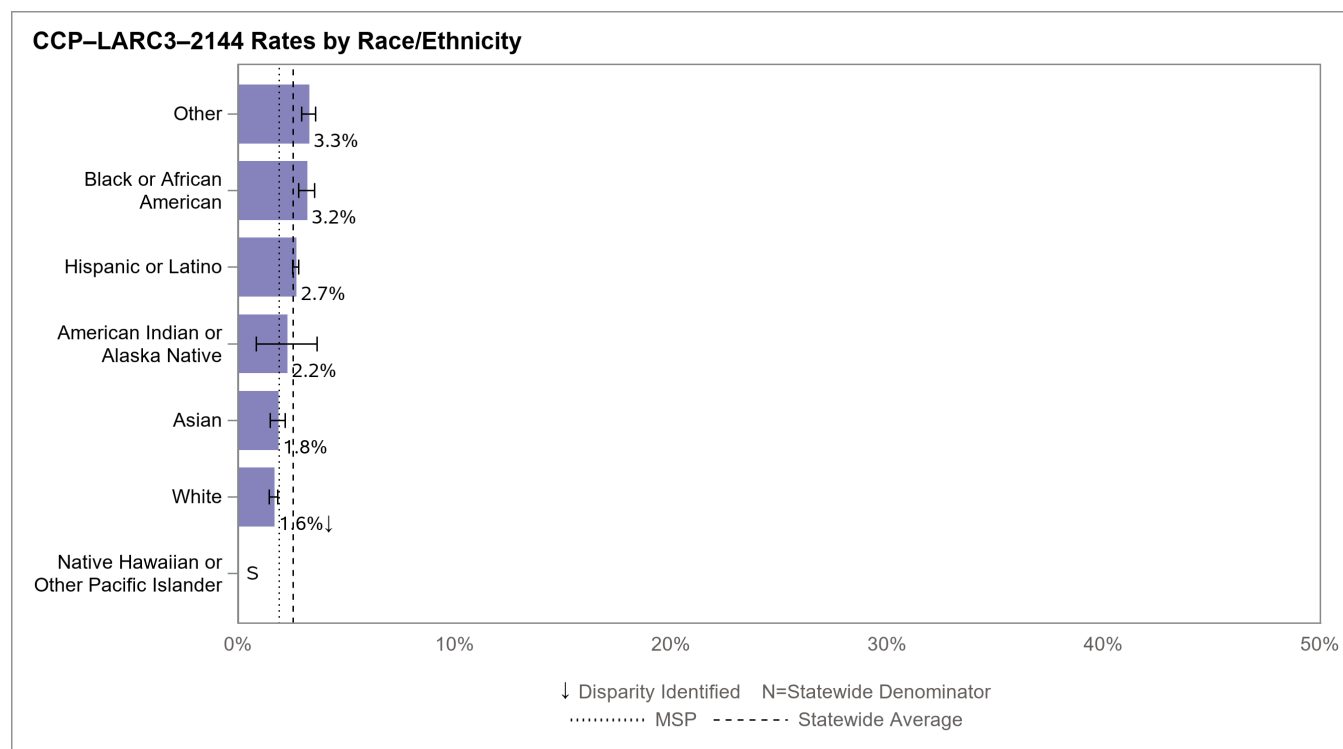
♦ The reportable rates for the racial/ethnic groups ranged from 1.6 percent for the White group to 3.3 percent for the Other group.

♦ A disparity was identified for the White group for the *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years* indicator.

♦ The following racial/ethnic groups exhibited a reportable rate below the statewide average for the *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years* indicator:

 ■ American Indian or Alaska Native

 ■ Asian

 ■ White

♦ The rate for the Asian group fell below the median state performance rate for the *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the median state performance rate.

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520)

The *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520)* indicator measures the percentage of women 15 to 20 years of age who had a live birth who were provided a long-acting reversible method of contraception within 60 days of delivery. Figure 3.18 displays the statewide *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.18—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 15.4 percent (N=169).

S indicates fewer than 11 cases exist in the numerator for the racial/ethnic group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.
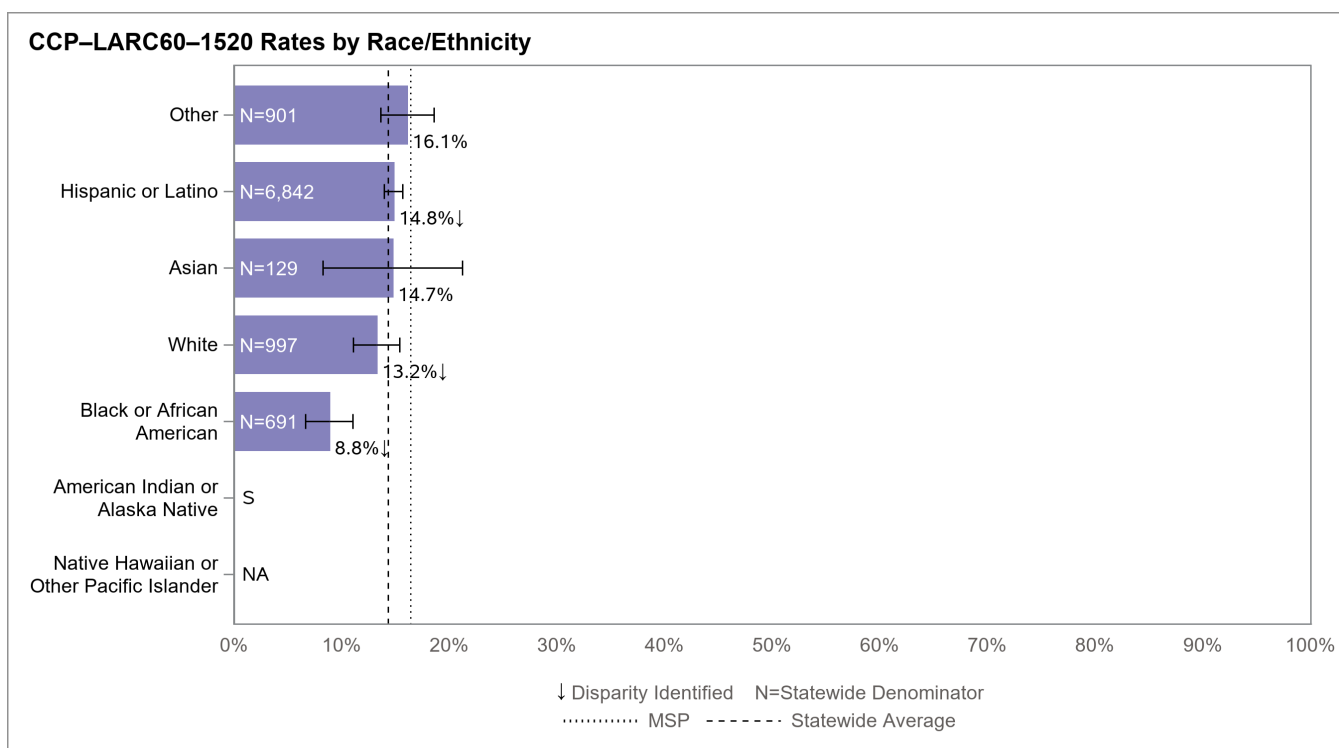
♦ The reportable rates for the racial/ethnic groups ranged from 8.8 percent for the Black or African American group to 16.1 percent for the Other group.

♦ Disparities were identified for the *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years* indicator for the following racial/ethnic groups:

- Hispanic or Latino
- White
- Black or African American

♦ The following racial/ethnic groups exhibited a reportable rate below the statewide average for the *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years* indicator:

- White
- Black or African American

♦ Rates for the following racial/ethnic groups fell below the median state performance rate for the *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years* indicator; however, these were not identified as a disparity due to part of the confidence interval surpassing the median state performance rate:

- Other
- Asian

Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144)

The *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144)* indicator measures the percentage of women 21 to 44 years of age who had a live birth who were provided a long-acting reversible method of contraception within 60 days of delivery. Figure 3.19 displays the statewide *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.19—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 10.6 percent (N=2,587).

The median state performance rate represents the 50th percentile.
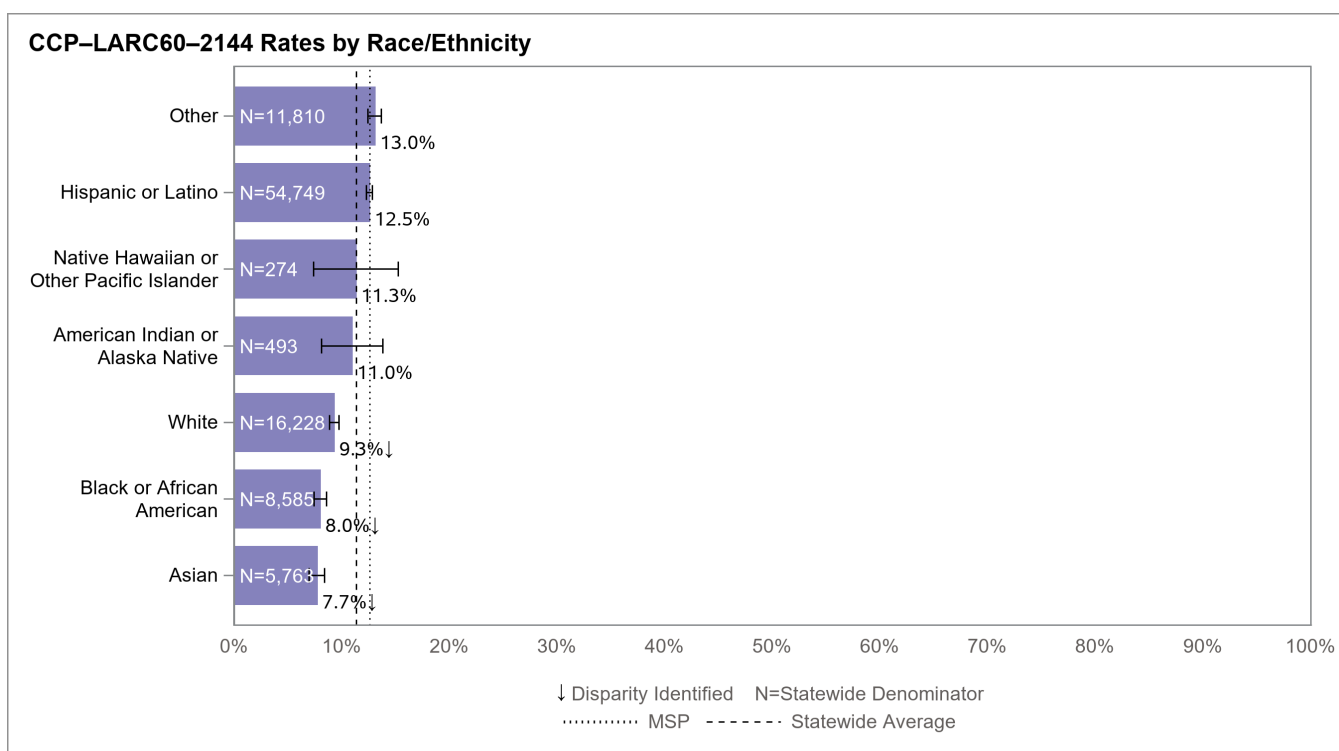
♦ The rates for the racial/ethnic groups ranged from 7.7 percent for the Asian group to 13.0 percent for the Other group.

♦ Disparities were identified for the *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years* indicator for the following racial/ethnic groups:

■ White

■ Black or African American

■ Asian

♦ The following racial/ethnic groups exhibited a rate below the statewide average for the *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years* indicator:

■ Native Hawaiian or Other Pacific Islander

■ American Indian or Alaska Native

■ White

■ Black or African American

■ Asian

♦ Rates for the following racial/ethnic groups fell below the median state performance rate for the *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years* indicator; however, these were not identified as a disparity due to part of the confidence interval surpassing the median state performance rate:

■ Hispanic or Latino

■ Native Hawaiian or Other Pacific Islander

■ American Indian or Alaska Native

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520)

The *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 3 Days—Ages 15–20 Years (CCP–MMEC3–1520)* indicator measures the percentage of women 15 to 20 years of age who had a live birth who were provided a most effective or moderately effective method of contraception within 3 days of delivery. Figure 3.20 displays the statewide *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.20—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was suppressed due to a small numerator.

Note: The median state performance rate and statewide average share the same value and are presented as a single line.

S indicates fewer than 11 cases exist in the numerator for the racial/ethnic group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.
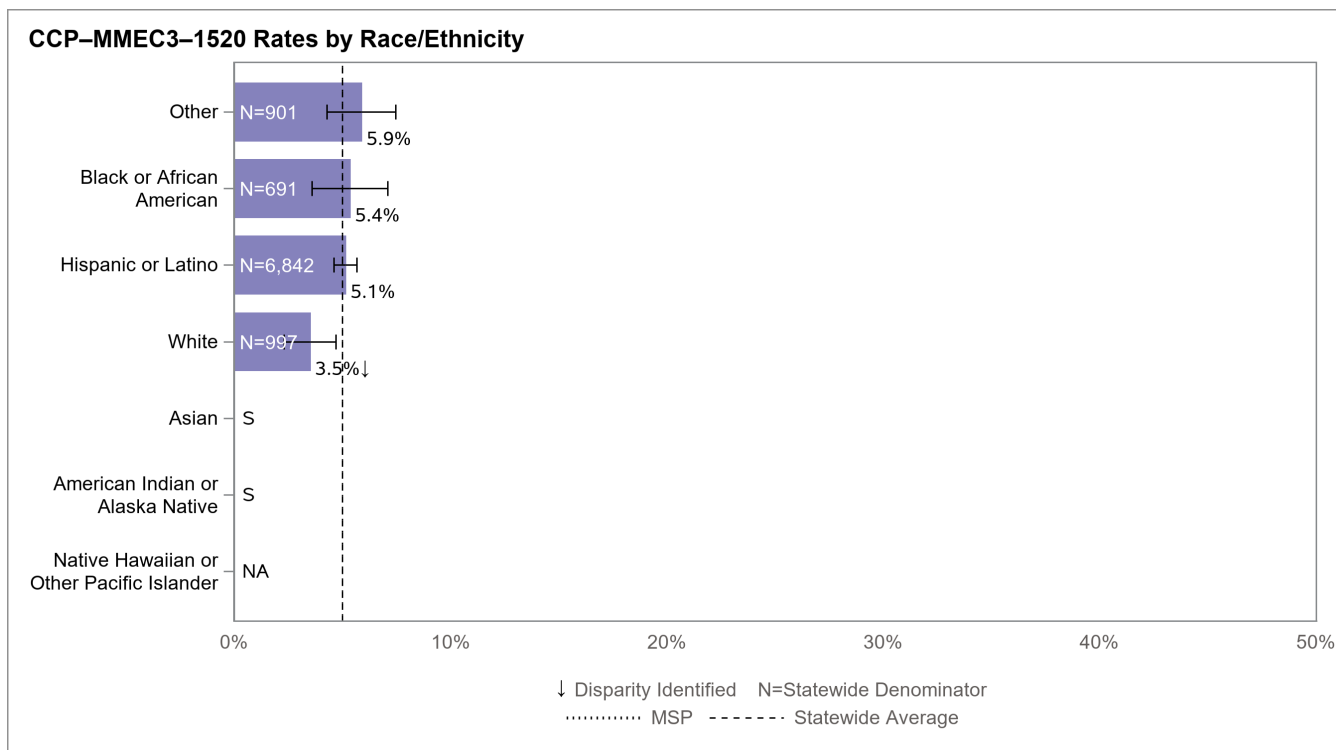
♦ The reportable rates for the racial/ethnic groups ranged from 3.5 percent for the White group to 5.9 percent for the Other group.

♦ A disparity was identified for the White group for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years* indicator.

♦ The White group exhibited a rate below the statewide average for the *Contraceptive Care— Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years* indicator.

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144)

The *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 3 Days—Ages 21–44 Years (CCP–MMEC3–2144)* indicator measures the percentage of women 21 to 44 years of age who had a live birth who were provided a most effective or moderately effective method of contraception within 3 days of delivery. Figure 3.21 displays the statewide *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception —3 Days—Ages 21–44 Years (CCP–MMEC3–2144)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.21—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 10.1 percent (N=2,587).

The median state performance rate represents the 50th percentile.

CCP–MMEC3–2144 Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Native Hawaiian or Other Pacific Islander	N=274	11.7%
Black or African American	N=8,585	11.3%
Hispanic or Latino	N=54,749	10.9%↓
American Indian or Alaska Native	N=493	10.3%
Other	N=11,810	9.8%↓
White	N=16,228	9.6%↓
Asian	N=5,763	8.1%↓

↓ Disparity Identified   N=Statewide Denominator
·········· MSP   - - - - - - Statewide Average

♦ The rates for the racial/ethnic groups ranged from 8.1 percent for the Asian group to 11.7 percent for the Native Hawaiian or Other Pacific Islander group.

♦ Disparities were identified for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years* indicator for the following racial/ethnic groups for:

- Hispanic or Latino
- Other
- White
- Asian

♦ The following racial/ethnic groups exhibited a rate below the statewide average for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years* indicator:

- American Indian or Alaska Native
- Other
- White
- Asian

♦ Rates for the following racial/ethnic groups were below the median state performance rate for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years* indicator; however, these were not identified as a disparity due to part of the confidence interval surpassing the median state performance rate:

- Native Hawaiian or Other Pacific Islander
- Black or African American
- American Indian or Alaska Native

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520)

The *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 60 Days—Ages 15–20 Years (CCP–MMEC60–1520)* indicator measures the percentage of women 15 to 20 years of age who had a live birth who were provided a most effective or moderately effective method of contraception within 60 days of delivery. Figure 3.22 displays the statewide *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.22—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 35.5 percent (N=169).

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.
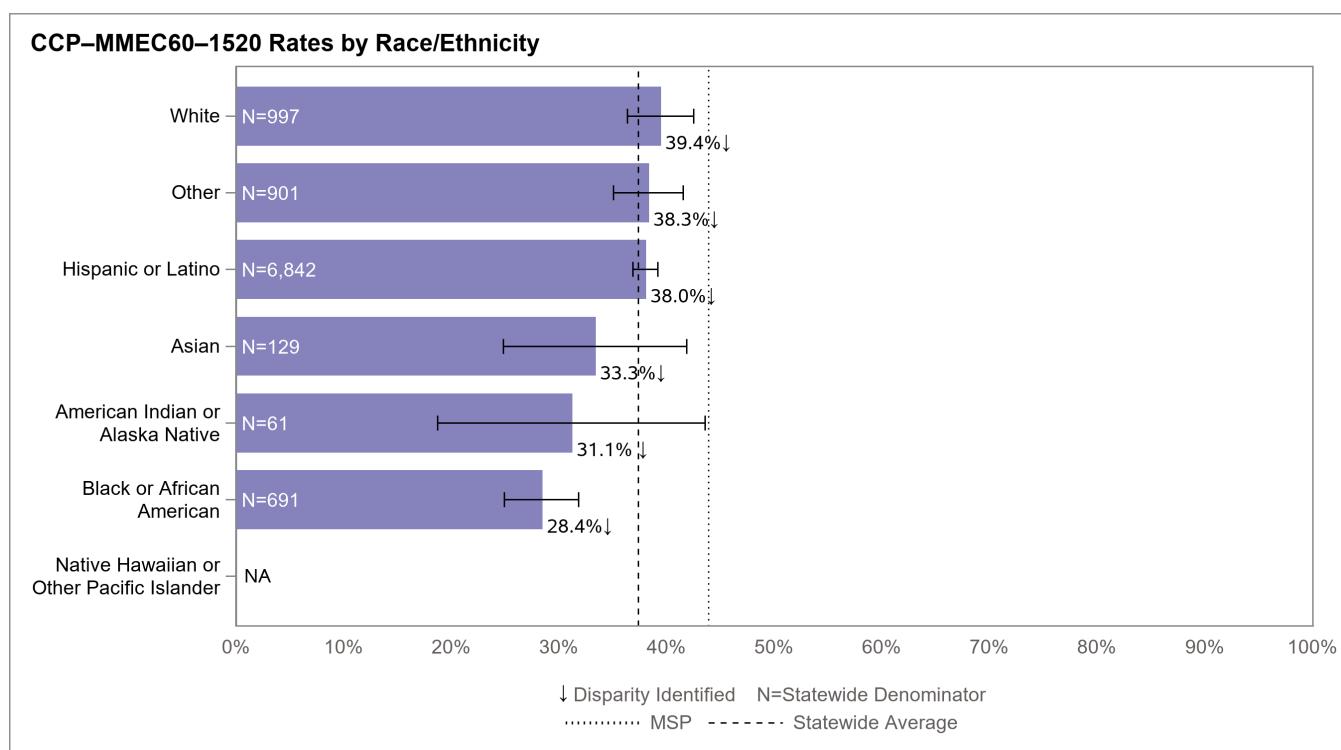
♦ The reportable rates for the racial/ethnic groups ranged from 28.4 percent for the Black or African American group to 39.4 percent for the White group.

♦ Disparities were identified for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years* indicator for all racial/ethnic groups with reportable rates.

♦ The following racial/ethnic groups exhibited a rate below the statewide average for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 60 Days—Ages 15–20 Years* indicator:

- Asian
- American Indian or Alaska Native
- Black or African American

Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144)

The *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 60 Days—Ages 21–44 Years (CCP–MMEC60–2144)* indicator measures the percentage of women 21 to 44 years of age who had a live birth and were provided a most effective or moderately effective method of contraception within 60 days of delivery. Figure 3.23 displays the statewide *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.23—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 35.4 percent (N=2,587).

The median state performance rate represents the 50th percentile.

CCP–MMEC60–2144 Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Hispanic or Latino	N=54,749	39.3%↓
American Indian or Alaska Native	N=493	35.9%↓
Other	N=11,810	35.6%↓
White	N=16,228	34.4%↓
Black or African American	N=8,585	30.7%↓
Asian	N=5,763	29.8%↓
Native Hawaiian or Other Pacific Islander	N=274	29.2%↓

↓ Disparity Identified   N=Statewide Denominator
·········· MSP   - - - - - - Statewide Average
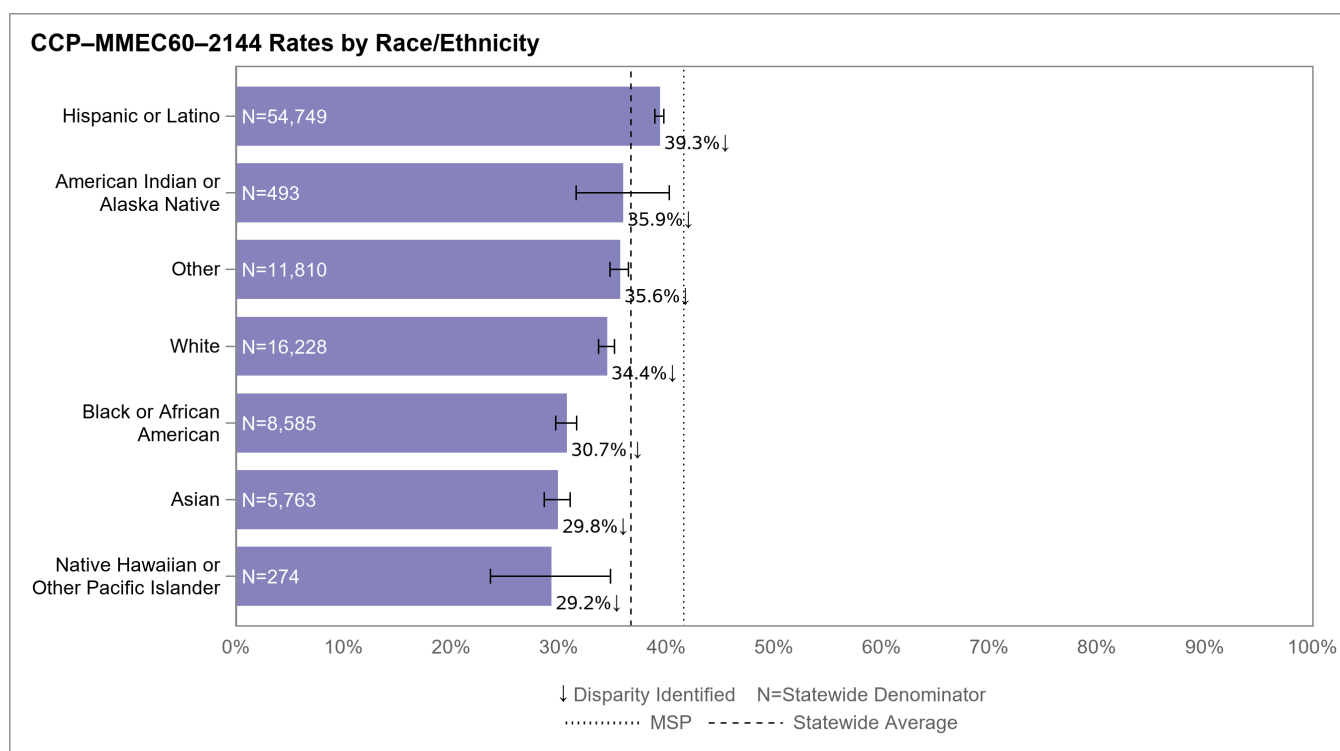
♦ The rates for the racial/ethnic groups ranged from 29.2 percent for the Native Hawaiian or Other Pacific Islander group to 39.3 percent for the Hispanic or Latino group.

♦ Disparities were identified for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years* indicator for all racial/ethnic groups.

♦ The following racial/ethnic groups exhibited a rate below the statewide average for the *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception— 60 Days—Ages 21–44 Years* indicator:

- American Indian or Alaska Native
- Other
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander

Prenatal and Postpartum Care—Postpartum Care (PPC–Pst)

The *Prenatal and Postpartum Care—Postpartum Care (PPC–Pst)* indicator measures the percentage of live birth deliveries that had a postpartum visit on or between 7 and 84 days after delivery. Figure 3.24 displays the statewide *Prenatal and Postpartum Care—Postpartum Care (PPC–Pst)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.24—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 80.5 percent (N=518).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

PPC–Pst Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Asian	N=1,106	87.0%
Hispanic or Latino	N=9,563	82.1%
Other	N=3,227	81.0%
White	N=3,973	77.7%
American Indian or Alaska Native	N=173	77.5%
Black or African American	N=1,277	72.0%↓
Native Hawaiian or Other Pacific Islander	N=59	69.5%

↓Disparity Identified N=Statewide Denominator
·········· MPL – – – – – – Statewide Average — – — – HPL
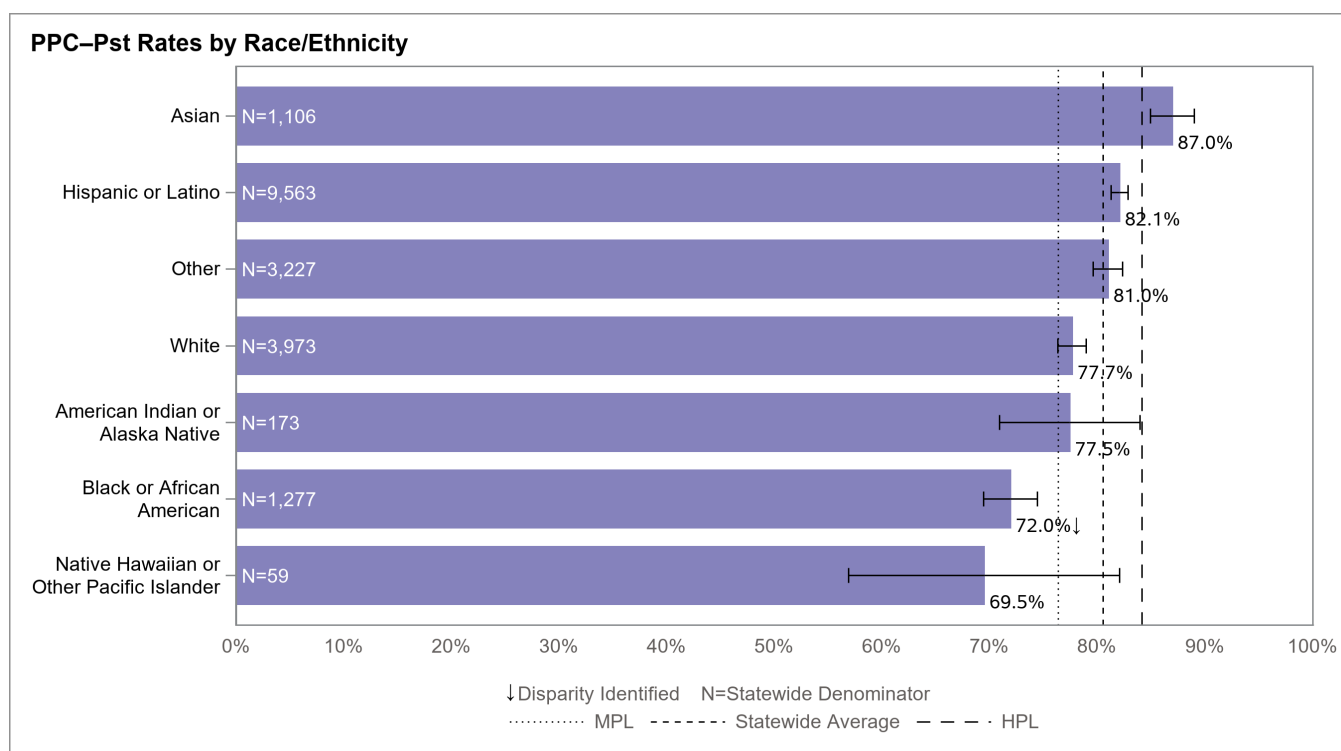
- ♦ The rates for all racial/ethnic groups ranged from 69.5 percent for the Native Hawaiian or Other Pacific Islander group to 87.0 percent for the Asian group.

- ♦ A disparity was identified for the *Prenatal and Postpartum Care—Postpartum Care* indicator for the Black or African American group.

- ♦ The rate for the Asian group for the *Prenatal and Postpartum Care—Postpartum Care* indicator was above the high performance level.

- ♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Prenatal and Postpartum Care—Postpartum Care* indicator:
  - ■ White
  - ■ American Indian or Alaska Native
  - ■ Black or African American
  - ■ Native Hawaiian or Other Pacific Islander

- ♦ The rate for the Native Hawaiian or Other Pacific Islander group fell below the minimum performance level for the *Prenatal and Postpartum Care—Postpartum Care* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre)

The *Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre)* indicator measures the percentage of live birth deliveries that received timely prenatal care. Figure 3.25 displays the statewide *Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.25—Prenatal and Postpartum Care—Prenatal Care (PPC–Pre) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 87.6 percent (N=518).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

PPC–Pre Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Asian	N=1,106	89.1%
Hispanic or Latino	N=9,563	88.8%
Other	N=3,227	88.3%
Native Hawaiian or Other Pacific Islander	N=59	88.1%
White	N=3,973	85.8%↓
Black or African American	N=1,277	82.8%↓
American Indian or Alaska Native	N=173	76.3%↓

↓Disparity Identified   N=Statewide Denominator
·········· MPL   - - - - - - Statewide Average   – – – HPL
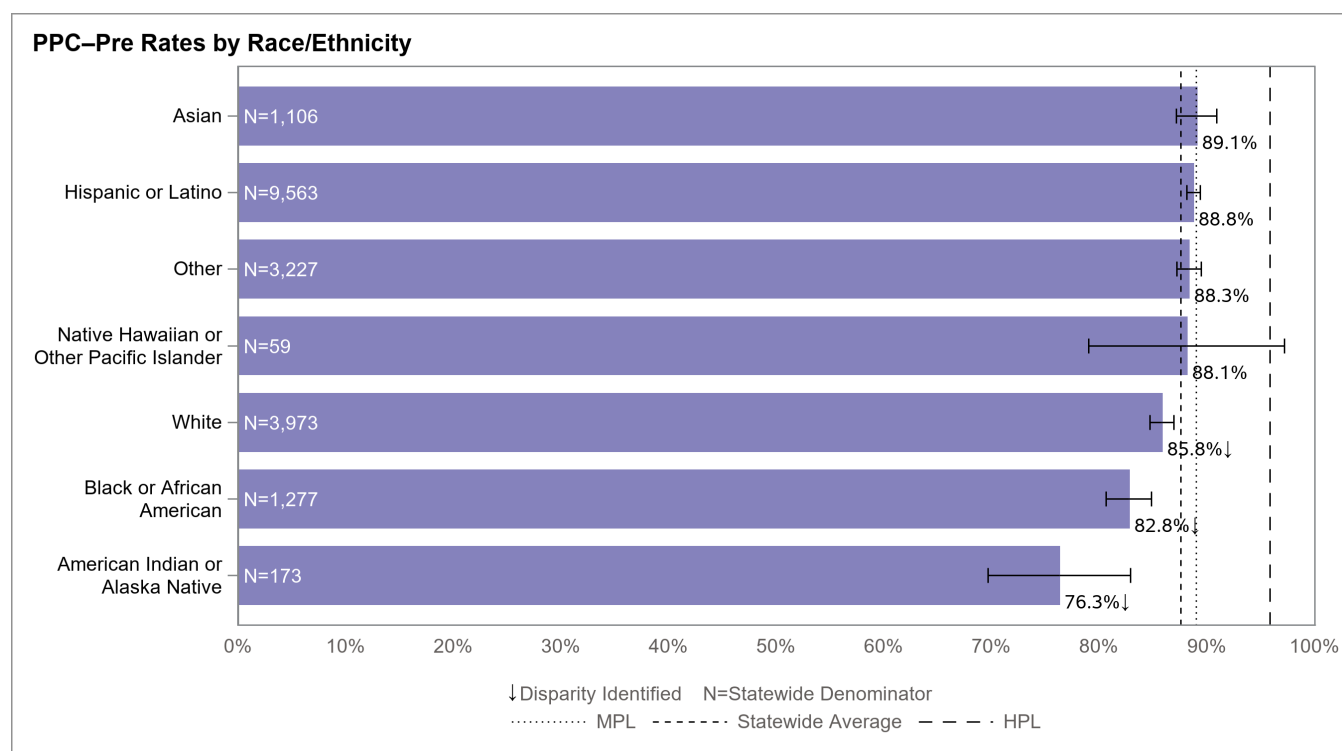
♦ The rates for all racial/ethnic groups ranged from 76.3 percent for the American Indian or Alaska Native group to 89.1 percent for the Asian group.

♦ Disparities were identified for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator for the following racial/ethnic groups:

- White
- Black or African American
- American Indian or Alaska Native

♦ None of the racial/ethnic group rates for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator:

- White
- Black or African American
- American Indian or Alaska Native

♦ Rates for the following racial/ethnic groups were below the median state performance rate for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator; however, these were not identified as a disparity due to part of the confidence interval surpassing the median state performance rate:

- Hispanic or Latino
- Other
- Native Hawaiian or Other Pacific Islander

Racial/Ethnic Health Disparities: Behavioral Health Domain

Health disparities were identified when indicator rates for racial/ethnic groups were below the minimum performance level/median state performance rate (i.e., the upper bound of the 95 percent confidence interval for the rate was below the national reference rate). If a racial/ethnic group's indicator rate was equal to or higher than the minimum performance level/median state performance rate, then no health disparity was identified. Figure 3.26 displays the percentage and number of indicators in the Behavioral Health domain (out of eight possible indicators) for which a disparity was identified or no disparity was identified.

Figure 3.26—Racial/Ethnic Health Disparities Summary: Behavioral Health Domain

Note: Due to rounding, the percentage of total indicators may not equal 100 percent for some racial/ethnic groups.

Due to small numerators or denominators, the Native Hawaiian or Other Pacific Islander (N=3) group was not evaluated for health disparities for all eight possible indicators.
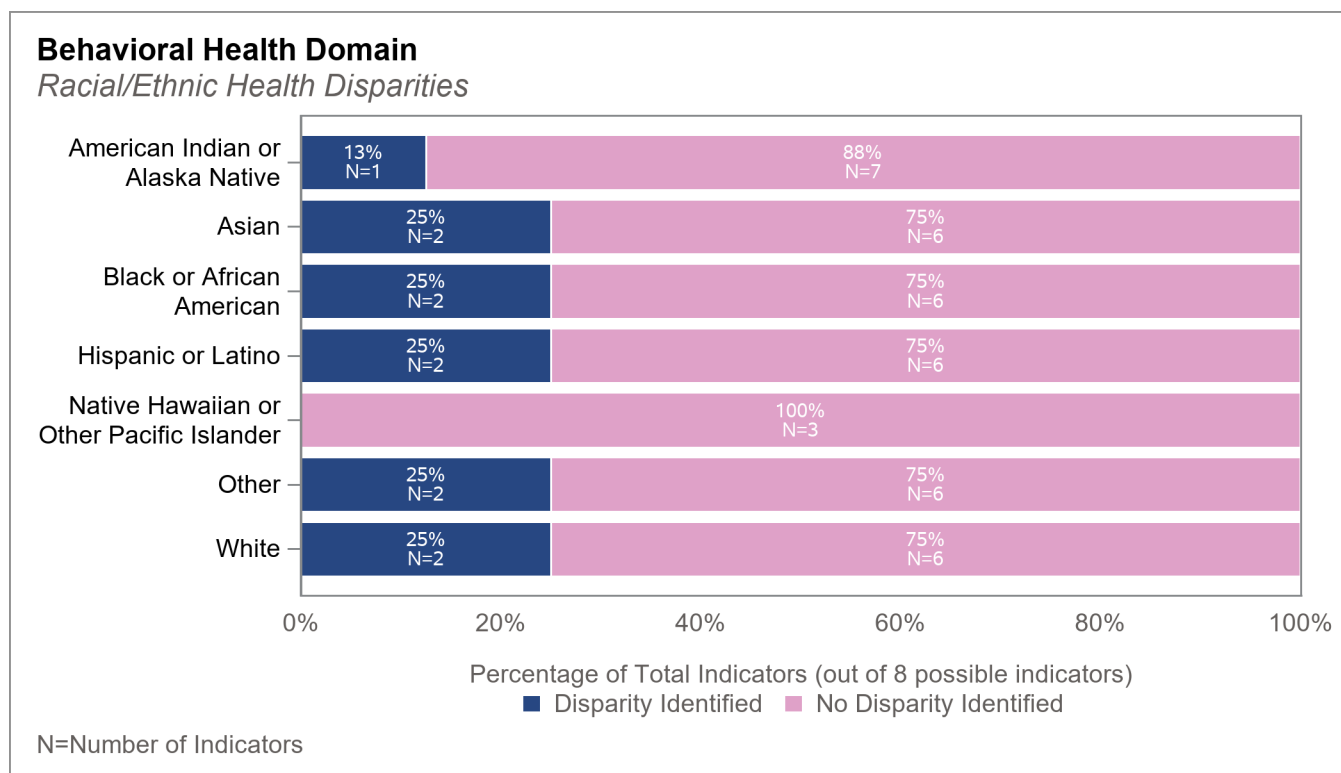
American Indian or Alaska Native

♦ A disparity was identified for the American Indian or Alaska Native group for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator.

Asian

♦ For the following indicators, disparities were identified for the Asian group:

■ *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total*

■ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

Black or African American

♦ For the following indicators, disparities were identified for the Black or African American group:

■ *Antidepressant Medication Management—Effective Continuation Phase Treatment*

■ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

Hispanic or Latino

♦ For the following indicators, disparities were identified for the Hispanic or Latino group:

■ *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*

■ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

Native Hawaiian or Other Pacific Islander

♦ No disparities were identified for the Native Hawaiian or Other Pacific Islander group within the Behavioral Health domain.

Other

♦ For the following indicators, disparities were identified for the Other group:

■ *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*

■ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

White

♦ For the following indicators, disparities were identified for the White group:

■ *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*

■ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

Racial/Ethnic Health Disparities: Behavioral Health Domain Indicator Results

Figure 3.27 through Figure 3.34 display the racial/ethnic health disparities for each indicator included in the Behavioral Health domain. For each figure, the denominator, rate, and confidence interval for each racial/ethnic group are displayed. A downward arrow is displayed when a disparity is identified. Additionally, the statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as dotted lines.

Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–Acute)

The *Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–Acute)* indicator measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 84 days. Figure 3.27 displays the statewide *Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–Acute)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.27—Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–Acute) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 62.9 percent (N=3,527).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

AMM–Acute Rates by Race/Ethnicity

- White N=30,718 — 64.8%
- Asian N=5,780 — 63.8%
- Native Hawaiian or Other Pacific Islander N=158 — 62.0%
- Other N=11,408 — 61.2%
- Hispanic or Latino N=41,888 — 57.0%
- American Indian or Alaska Native N=664 — 56.2%
- Black or African American N=9,975 — 53.8%

↓Disparity Identified   N=Statewide Denominator
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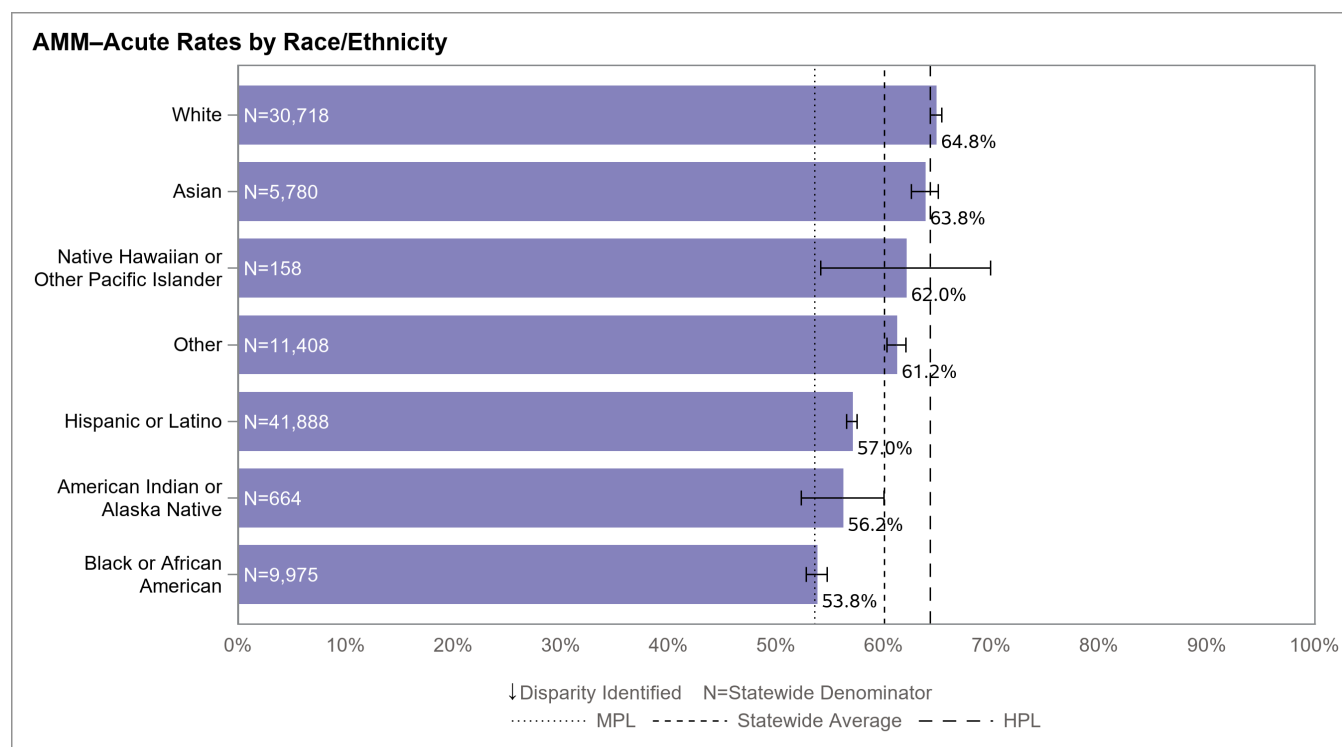
♦ The rates for all racial/ethnic groups ranged from 53.8 percent for the Black or African American group to 64.8 percent for the White group.

♦ No disparities were identified for the *Antidepressant Medication Management—Effective Acute Phase Treatment* indicator.

♦ The rate for the White group for the *Antidepressant Medication Management—Effective Acute Phase Treatment* indicator was above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Antidepressant Medication Management—Effective Acute Phase Treatment* indicator:

- Hispanic or Latino
- American Indian or Alaska Native
- Black or African American

Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–Cont)

The *Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–Cont)* indicator measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 180 days. Figure 3.28 displays the statewide *Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–Cont)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.28—Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–Cont) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 46.0 percent (N=3,527).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

AMM–Cont Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
White	N=30,718	49.8%
Asian	N=5,780	46.4%
Other	N=11,408	44.1%
Native Hawaiian or Other Pacific Islander	N=158	42.4%
American Indian or Alaska Native	N=664	39.6%
Hispanic or Latino	N=41,888	38.8%
Black or African American	N=9,975	36.5%

↓Disparity Identified   N=Statewide Denominator
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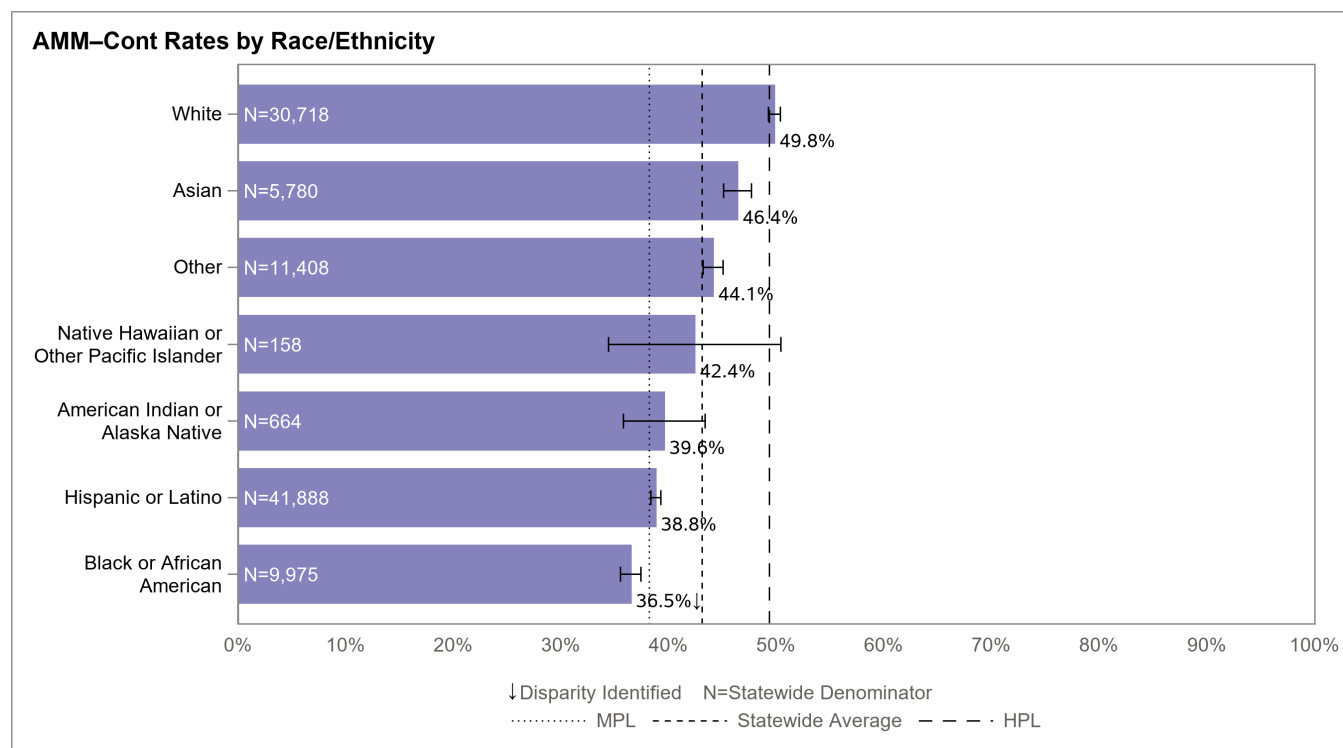
♦ The rates for all racial/ethnic groups ranged from 36.5 percent for the Black or African American group to 49.8 percent for the White group.

♦ A disparity was identified for the *Antidepressant Medication Management—Effective Continuation Phase Treatment* indicator for the Black or African American group.

♦ The rate for the White group for the *Antidepressant Medication Management—Effective Continuation Phase Treatment* indicator was above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Antidepressant Medication Management—Effective Continuation Phase Treatment* indicator:

  ■ Native Hawaiian or Other Pacific Islander

  ■ American Indian or Alaska Native

  ■ Hispanic or Latino

  ■ Black or African American

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)* indicator measures the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test. Figure 3.29 displays the statewide *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.29—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 74.9 percent (N=3,136).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

SSD Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
American Indian or Alaska Native	N=350	77.1%↓
White	N=16,415	77.0%↓
Other	N=4,467	76.2%↓
Hispanic or Latino	N=11,472	75.7%↓
Black or African American	N=7,564	74.7%↓
Native Hawaiian or Other Pacific Islander	N=63	73.0%
Asian	N=3,197	71.8%↓

↓Disparity Identified   N=Statewide Denominator
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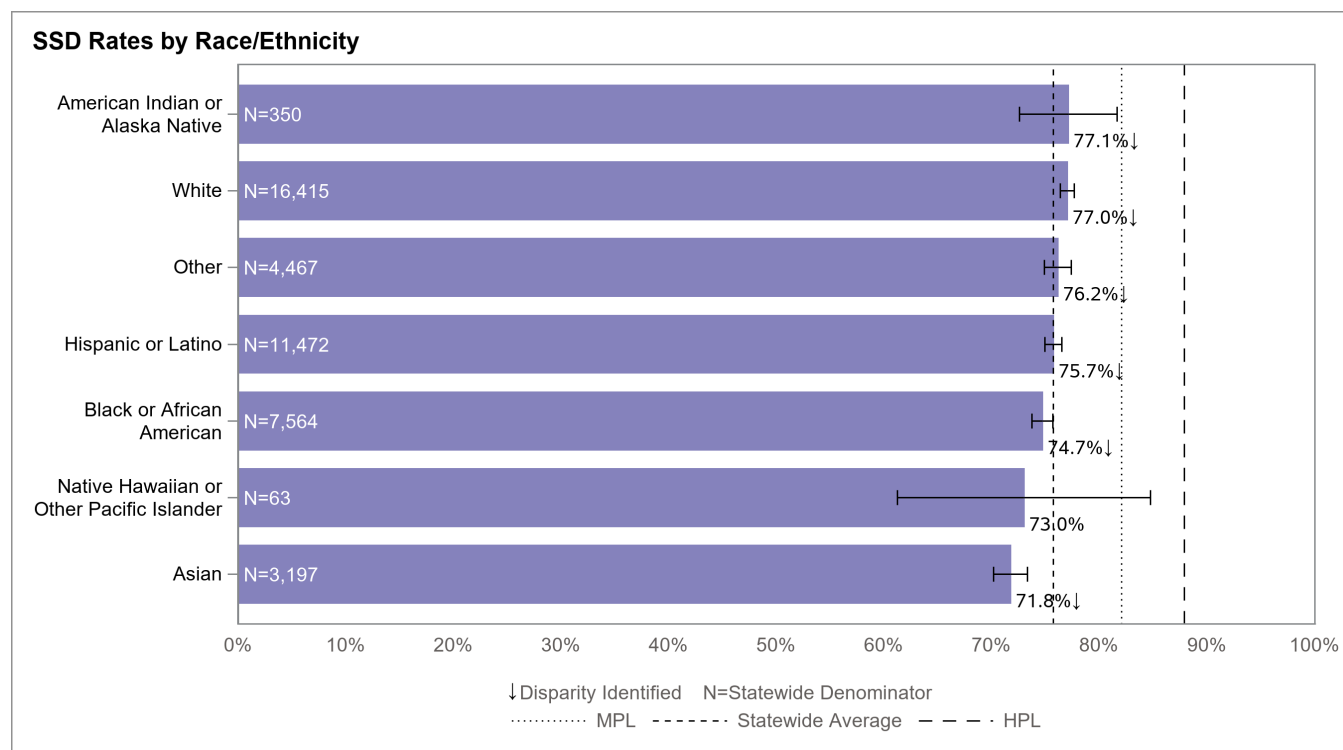
♦ The rates for all racial/ethnic groups ranged from 71.8 percent for the Asian group to 77.1 percent for the American Indian or Alaska Native group.

♦ Disparities were identified for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator for the following racial/ethnic groups:

   ■ American Indian or Alaska Native

   ■ White

   ■ Other

   ■ Hispanic or Latino

   ■ Black or African American

   ■ Asian

♦ None of the racial/ethnic group rates for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator:

   ■ Black or African American

   ■ Native Hawaiian or Other Pacific Islander

   ■ Asian

♦ The rate for the Native Hawaiian or Other Pacific Islander group fell below the minimum performance level for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init)

The *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init)* indicator measures the percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. Figure 3.30 displays the statewide *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.30—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 43.4 percent (N=777).

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

ADD–Init Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
American Indian or Alaska Native	N=76	46.1%
Asian	N=509	45.0%
Hispanic or Latino	N=10,091	44.5%
Other	N=834	44.0%
White	N=4,475	43.2%
Black or African American	N=2,140	42.6%
Native Hawaiian or Other Pacific Islander	NA	

↓ Disparity Identified   N=Statewide Denominator
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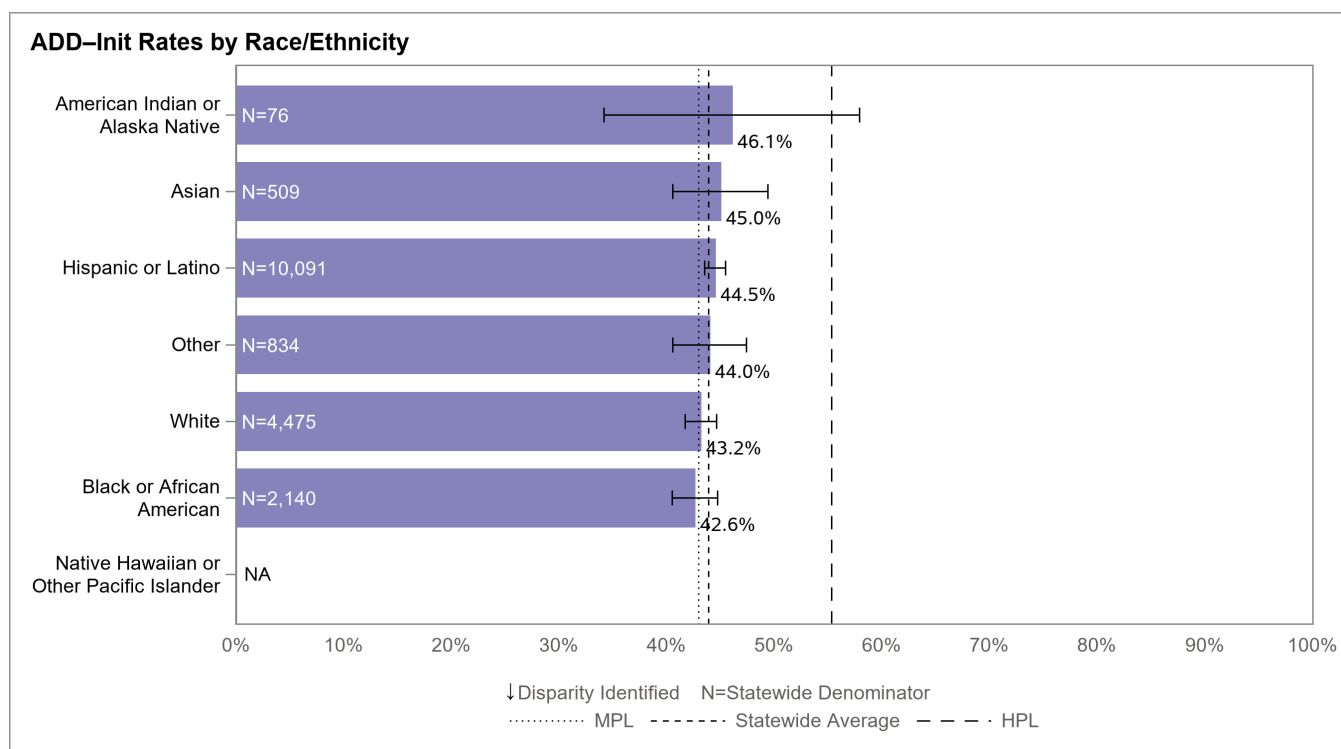
♦ The rates for all racial/ethnic groups ranged from 42.6 percent for the Black or African American group to 46.1 percent for the American Indian or Alaska Native group.

♦ No disparities were identified for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* indicator.

♦ None of the racial/ethnic group rates for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* indicator:

  ■ White
  ■ Black or African American

♦ The rate for the Black or African American group fell below the minimum performance level for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M)

The *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M)* indicator measures the percentage of members 6 to12 years of age with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended. Figure 3.31 displays the statewide *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.31—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 52.0 percent (N=204).

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).
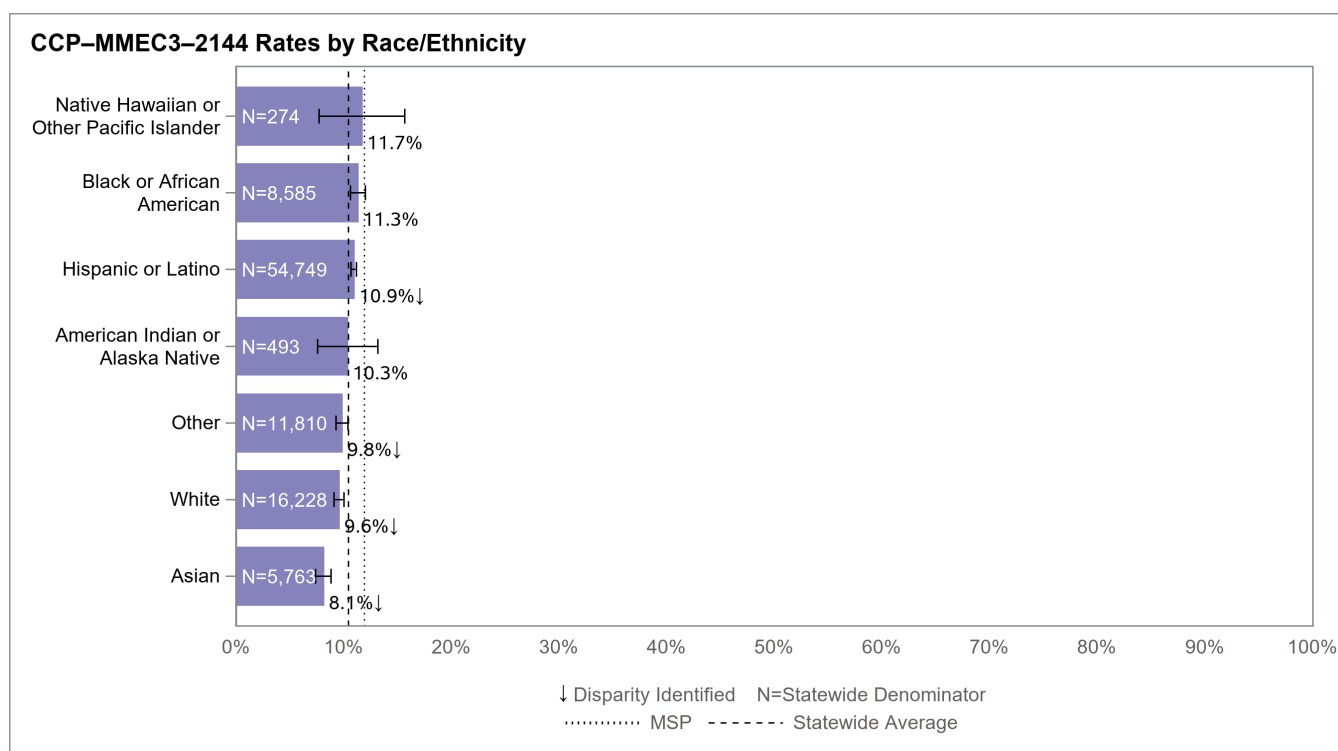
The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

ADD–C&M Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Black or African American	N=424	51.7%
Hispanic or Latino	N=1,809	50.6%↓
Asian	N=100	50.0%
White	N=1,294	46.8%↓
Other	N=193	46.6%↓
American Indian or Alaska Native	N=30	36.7%
Native Hawaiian or Other Pacific Islander	NA	

↓Disparity Identified   N=Statewide Denominator
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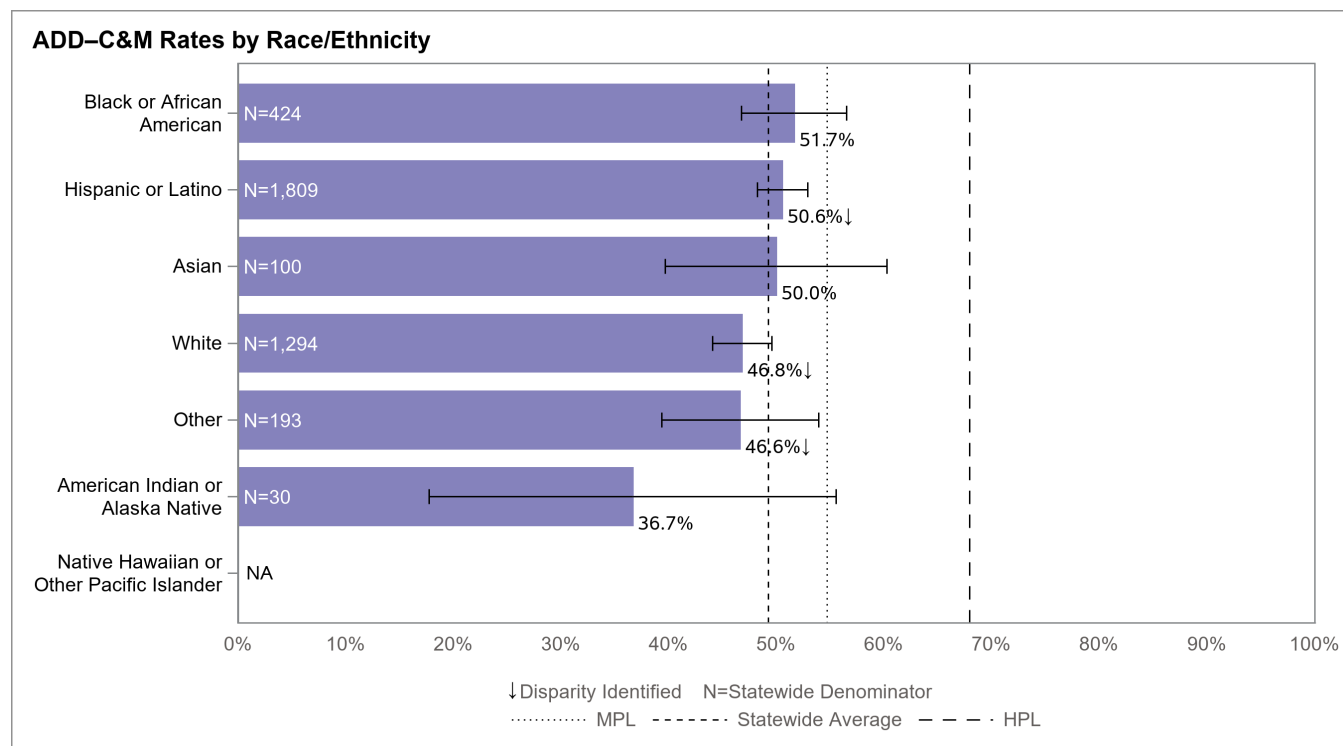
- ♦ The rates for all racial/ethnic groups ranged from 36.7 percent for the American Indian or Alaska Native group to 51.7 percent for the Black or African American group.
- ♦ Disparities were identified for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator for the following racial/ethnic groups:
  - Hispanic or Latino
  - White
  - Other
- ♦ None of the racial/ethnic group rates for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator were above the high performance level.
- ♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator:
  - White
  - Other
  - American Indian or Alaska Native
- ♦ Rates for the following racial ethnic groups fell below the minimum performance level for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator; however, these were not identified as disparities due to part of the confidence intervals surpassing the minimum performance level:
  - Black or African American
  - Asian
  - American Indian or Alaska Native

Metabolic Monitoring for Children and Adolescents on Antipsychotics— Blood Glucose Testing—Total (APM–B)

The *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B)* indicator measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and received blood glucose testing. Figure 3.32 displays the statewide *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.32—Metabolic Monitoring for Children and Adolescents on Antipsychotics— Blood Glucose Testing—Total (APM–B) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 53.3 percent (N=364).

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–B Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Hispanic or Latino	N=3,209	58.2%
Other	N=405	56.0%
American Indian or Alaska Native	N=73	54.8%
White	N=2,524	54.6%
Black or African American	N=740	51.5%
Asian	N=342	47.1%↓
Native Hawaiian or Other Pacific Islander	NA	

↓ Disparity Identified   N=Statewide Denominator

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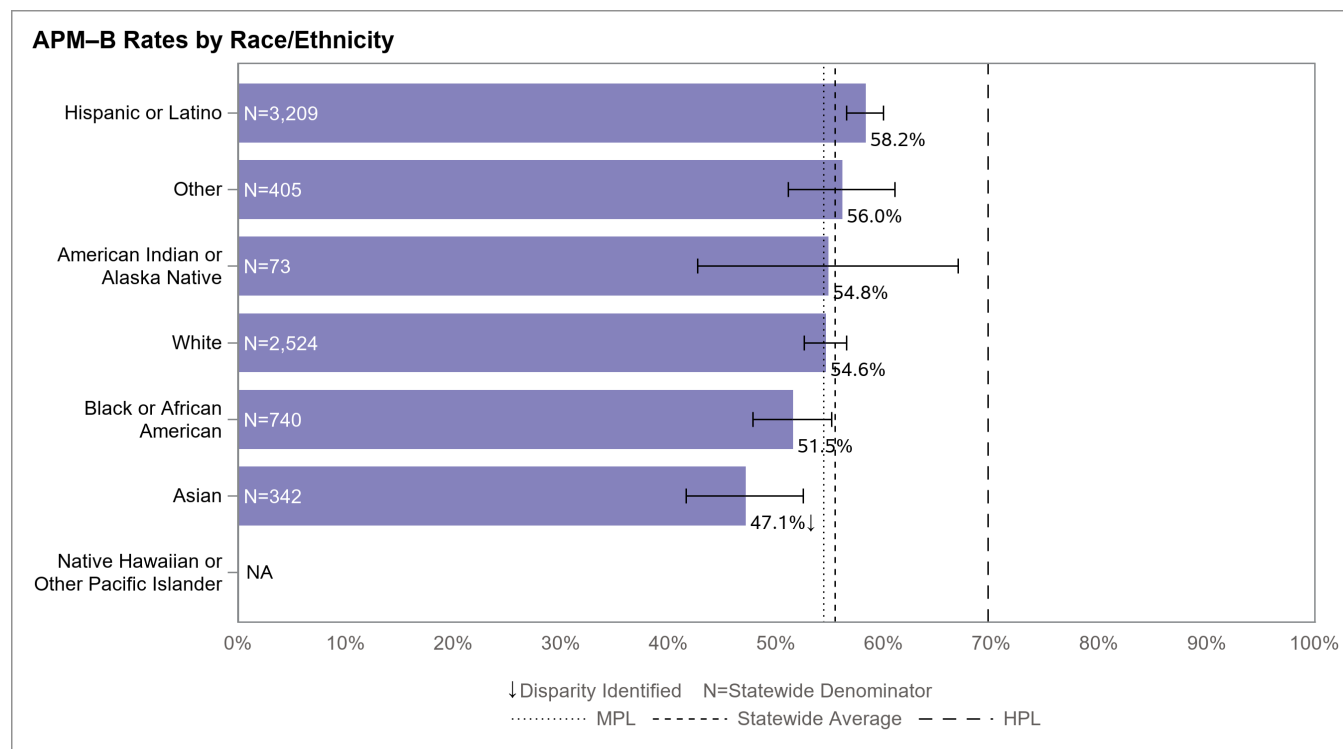
♦ The rates for all racial/ethnic groups ranged from 47.1 percent for the Asian group to 58.2 percent for the Hispanic or Latino group.

♦ A disparity was identified for the Asian group for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* indicator.

♦ None of the racial/ethnic group rates for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* indicator:

- American Indian or Alaska Native
- White
- Black or African American
- Asian

♦ The rate for the Black or African American group fell below the minimum performance level for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C)

The *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C)* indicator measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and received cholesterol testing. Figure 3.33 displays the statewide *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.33—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 38.5 percent (N=364).

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–C Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Other	N=405	41.7%
Hispanic or Latino	N=3,209	41.7%
American Indian or Alaska Native	N=73	39.7%
Asian	N=342	39.2%
Black or African American	N=740	37.4%
White	N=2,524	35.9%
Native Hawaiian or Other Pacific Islander	NA	

↓ Disparity Identified   N=Statewide Denominator
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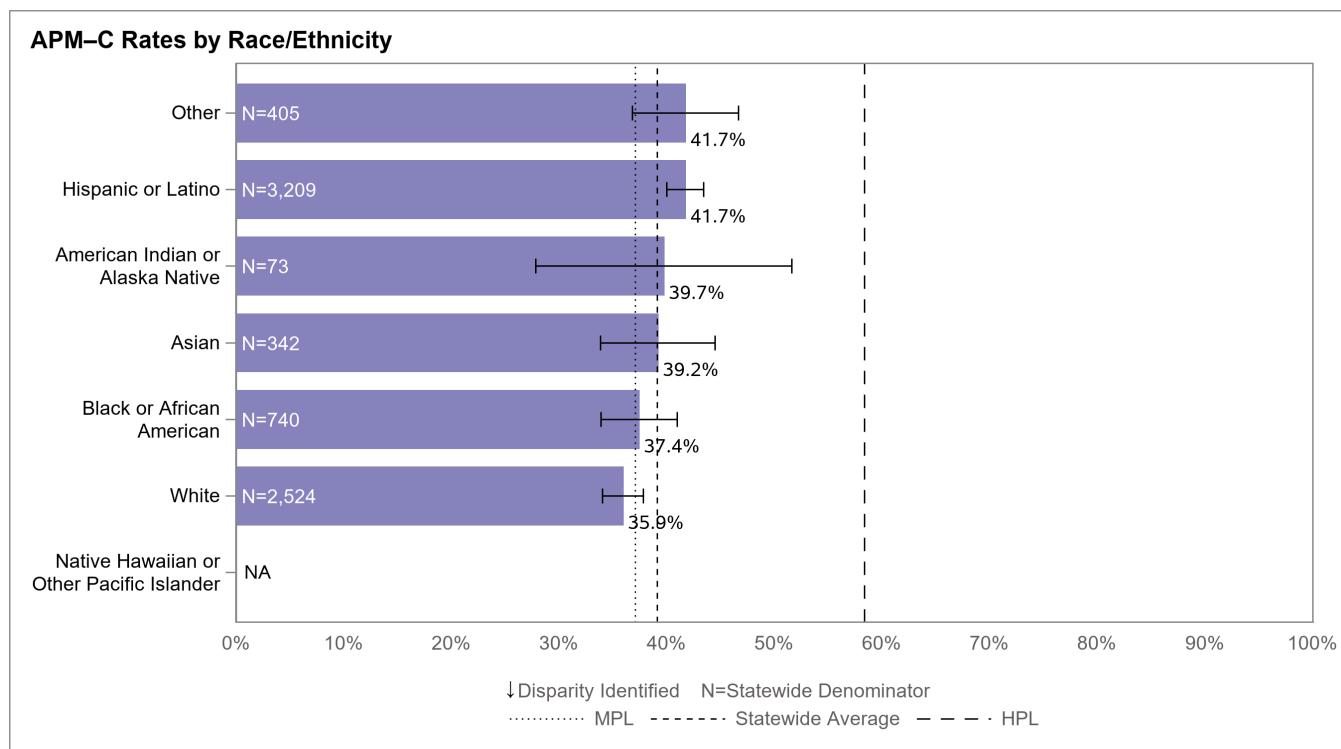
♦ The rates for all racial/ethnic groups ranged from 35.9 percent for the White group to 41.7 percent for the Other group.

♦ No disparities were identified for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* indicator.

♦ None of the racial/ethnic group rates for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* indicator:

  ■ Black or African American

  ■ White

♦ The rate for the White group fell below the minimum performance level for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total* indicator; however, this was not identified as a disparity due to part of the confidence interval surpassing the minimum performance level.

Metabolic Monitoring for Children and Adolescents on Antipsychotics— Blood Glucose and Cholesterol Testing—Total (APM–BC)

The *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC)* indicator measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and received blood glucose and cholesterol testing. Figure 3.34 displays the statewide *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.34—Metabolic Monitoring for Children and Adolescents on Antipsychotics— Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 35.7 percent (N=364).

NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–BC Rates by Race/Ethnicity

Race/Ethnicity	Rate
Hispanic or Latino (N=3,209)	40.4%
Other (N=405)	39.0%
American Indian or Alaska Native (N=73)	38.4%
Asian (N=342)	37.7%
Black or African American (N=740)	35.0%
White (N=2,524)	34.8%
Native Hawaiian or Other Pacific Islander	NA

↓Disparity Identified   N=Statewide Denominator

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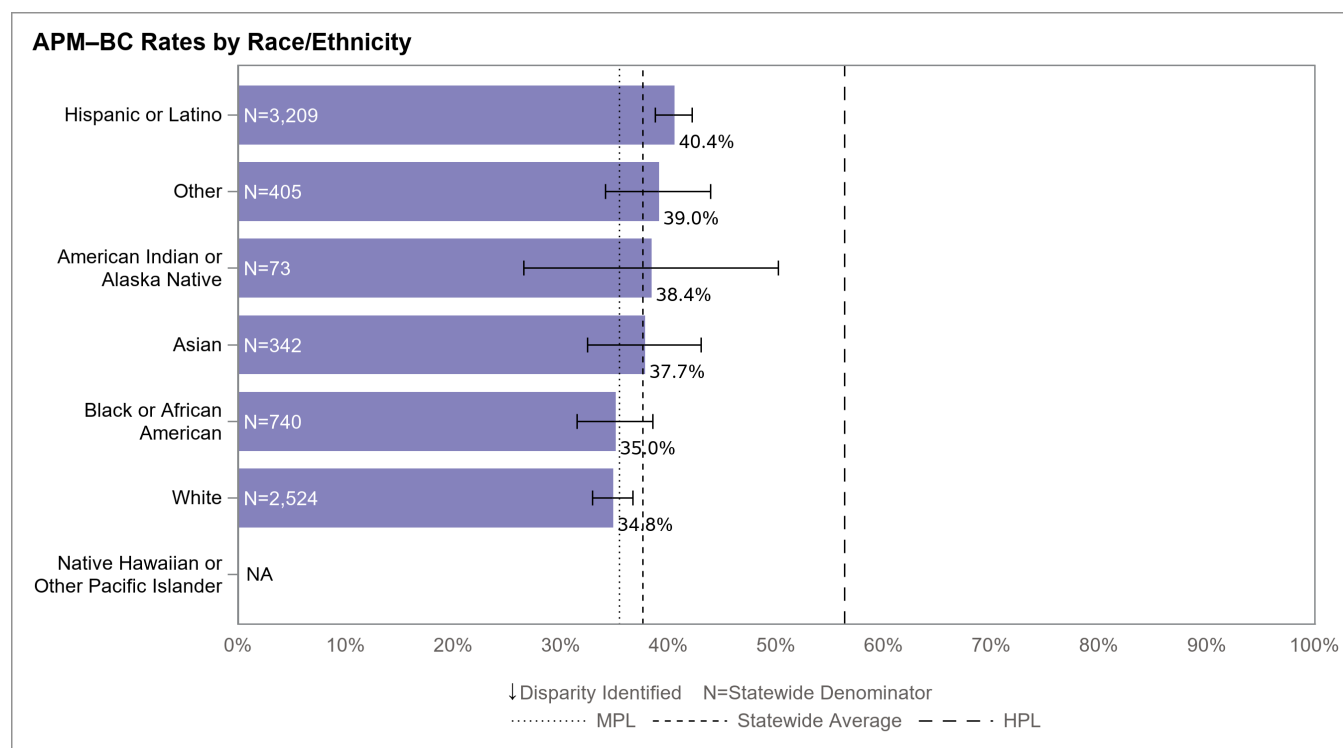
♦ The rates for all racial/ethnic groups ranged from 34.8 percent for the White group to 40.4 percent for the Hispanic or Latino group.

♦ No disparities were identified for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* indicator.

♦ None of the racial/ethnic group rates for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* indicator:

  ▪ Black or African American
  ▪ White

♦ Rates for the following racial/ethnic groups fell below the minimum performance level for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total* indicator; however, these were not identified as disparities due to part of the confidence intervals surpassing the minimum performance level:

  ▪ Black or African American
  ▪ White

Racial/Ethnic Health Disparities: Acute and Chronic Disease Management Domain

Health disparities were identified when indicator rates for racial/ethnic groups were below the minimum performance level/median state performance rate (i.e., the upper bound of the 95 percent confidence interval for the rate was below the national reference rate). If a racial/ethnic group's indicator rate was equal to or higher than the minimum performance level/median state performance rate, then no health disparity was identified. Figure 3.35 displays the percentage and number of indicators in the Acute and Chronic Disease Management domain (out of four possible indicators) for which a disparity was identified or no disparity was identified.

Figure 3.35—Racial/Ethnic Health Disparities Summary: Acute and Chronic Disease Management Domain

Note: Due to small numerators, the Native Hawaiian or Other Pacific Islander (N=3) group was not evaluated for health disparities for all four possible indicators.

Acute and Chronic Disease Management Domain
Racial/Ethnic Health Disparities

- American Indian or Alaska Native: 25% N=1 (Disparity Identified), 75% N=3 (No Disparity Identified)
- Asian: 100% N=4 (No Disparity Identified)
- Black or African American: 50% N=2 (Disparity Identified), 50% N=2 (No Disparity Identified)
- Hispanic or Latino: 25% N=1 (Disparity Identified), 75% N=3 (No Disparity Identified)
- Native Hawaiian or Other Pacific Islander: 33% N=1 (Disparity Identified), 67% N=2 (No Disparity Identified)
- Other: 25% N=1 (Disparity Identified), 75% N=3 (No Disparity Identified)
- White: 50% N=2 (Disparity Identified), 50% N=2 (No Disparity Identified)

Percentage of Total Indicators (out of 4 possible indicators)
■ Disparity Identified ■ No Disparity Identified

N=Number of Indicators

American Indian or Alaska Native

♦ A disparity was identified for the American Indian or Alaska Native group for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator.

Asian

♦ No disparities were identified for the Asian group within the Acute and Chronic Disease Management domain.

Black or African American

♦ For the following indicators, disparities were identified for the Black or African American group:
  ■ *Asthma Medication Ratio—Total*
  ■ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*

Hispanic or Latino

♦ A disparity was identified for the Hispanic or Latino group for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator.

Native Hawaiian or Other Pacific Islander

♦ A disparity was identified for the Native Hawaiian or Other Pacific Islander group for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator.

Other

♦ A disparity was identified for the Other group for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator.

White

♦ For the following indicators, disparities were identified for the White group:
  ■ *Asthma Medication Ratio—Total*
  ■ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*

Racial/Ethnic Health Disparities: Acute and Chronic Disease Management Indicator Results

Figure 3.36 through Figure 3.39 display the racial/ethnic health disparities for each indicator included in the Acute and Chronic Disease Management domain. For each figure, the denominator, rate, and confidence interval for each racial/ethnic group are displayed. A downward arrow is displayed when a disparity is identified. Additionally, the statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as dotted lines.

Asthma Medication Ratio—Total (AMR)

The *Asthma Medication Ratio—Total (AMR)* indicator measures the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater. Figure 3.36 displays the statewide *Asthma Medication Ratio—Total (AMR)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.36—Asthma Medication Ratio—Total (AMR) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 66.1 percent (N=3,807).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
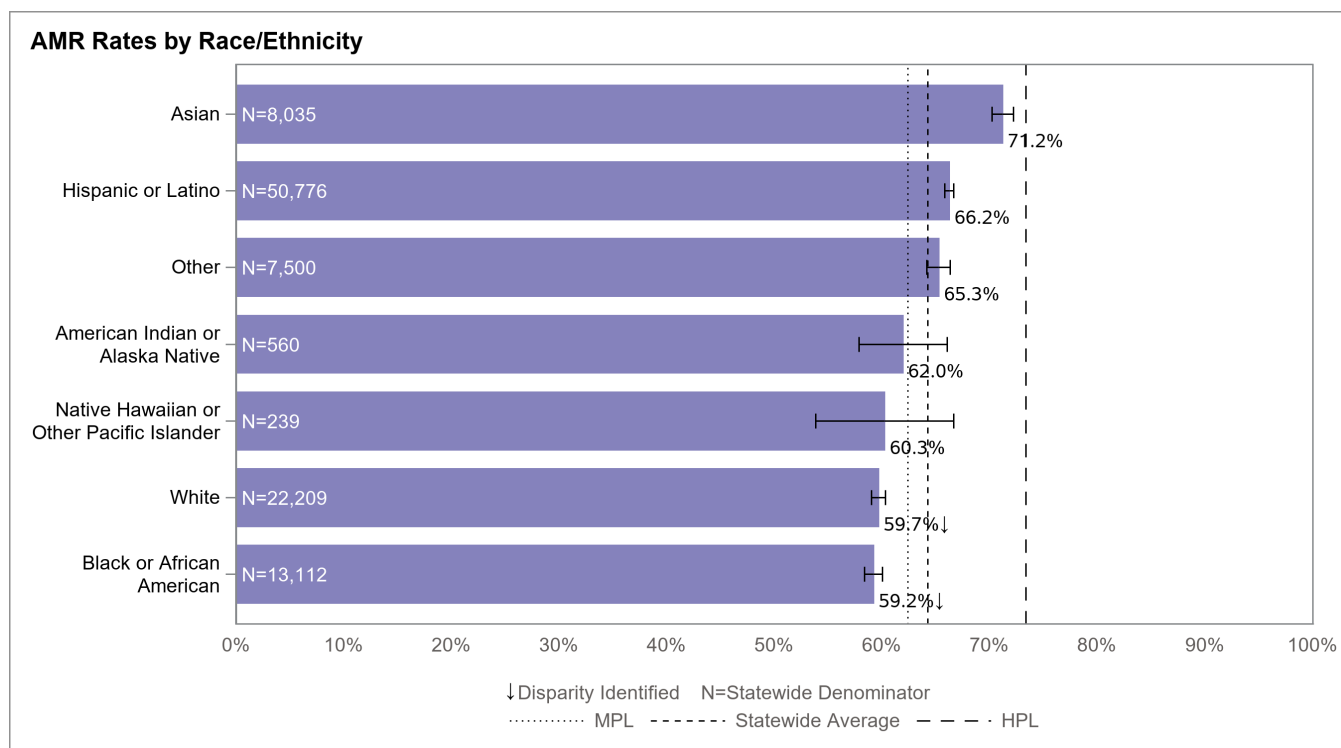
♦ The rates for all racial/ethnic groups ranged from 59.2 percent for the Black or African American group to 71.2 percent for the Asian group.

♦ Disparities were identified for the *Asthma Medication Ratio—Total* indicator for the following racial/ethnic groups:

■ White

■ Black or African American

♦ None of the racial/ethnic group rates for the *Asthma Medication Ratio—Total* indicator were above the high performance level.

♦ The following racial/ethnic groups exhibited rates below the statewide average for the *Asthma Medication Ratio—Total* indicator:

■ American Indian or Alaska Native

■ Native Hawaiian or Other Pacific Islander

■ White

■ Black or African American

♦ Rates for the following racial/ethnic groups fell below the minimum performance level for the *Asthma Medication Ratio—Total* indicator; however, these were not identified as disparities due to part of the confidence intervals surpassing the minimum performance level:

■ American Indian or Alaska Native

■ Native Hawaiian or Other Pacific Islander

Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9)

The *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9)* indicator measures the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was greater than 9.0 percent. Figure 3.37 displays the statewide *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.37—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 39.5 percent (N=767).

A lower rate indicates more favorable performance for this indicator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CDC–H9 Rates by Race/Ethnicity

Race/Ethnicity	Rate
Asian (N=2,777)	33.0%
Other (N=2,579)	41.0%↓
White (N=4,662)	41.5%↓
Hispanic or Latino (N=9,198)	41.8%↓
Black or African American (N=1,478)	46.5%↓
American Indian or Alaska Native (N=236)	48.7%↓
Native Hawaiian or Other Pacific Islander (N=76)	56.6%↓

↓Disparity Identified   N=Statewide Denominator
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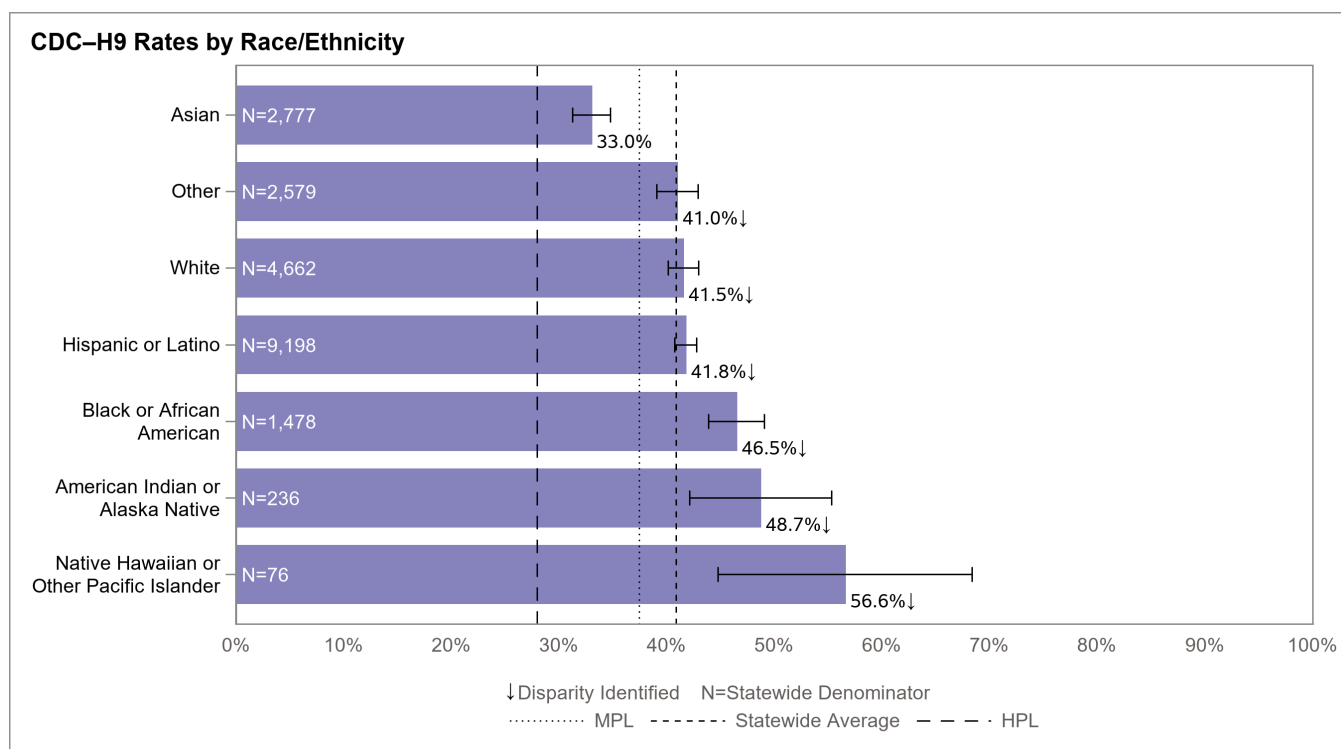
♦ The rates for all racial/ethnic groups ranged from 56.6 percent for the Native Hawaiian or Other Pacific Islander group to 33.0 percent for the Asian group.

♦ Disparities were identified for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator for the following racial/ethnic groups:

- Other
- White
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

♦ None of the racial/ethnic group rates for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator were below the high performance level.

♦ The following racial/ethnic groups exhibited rates above the statewide average for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator:

- Other
- White
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Concurrent Use of Opioids and Benzodiazepines (COB)

The *Concurrent Use of Opioids and Benzodiazepines (COB)* indicator measures the percentage of members age 18 and older with concurrent use of prescription opioids and benzodiazepines. Figure 3.38 displays the statewide *Concurrent Use of Opioids and Benzodiazepines (COB)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.38—Concurrent Use of Opioids and Benzodiazepines (COB) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 13.4 percent (N=6,534).

A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile.

COB Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Asian	N=7,000	5.8%
Native Hawaiian or Other Pacific Islander	N=280	6.1%
Hispanic or Latino	N=53,438	9.6%
Black or African American	N=29,029	10.0%
Other	N=13,652	10.8%
American Indian or Alaska Native	N=1,389	12.8%
White	N=61,912	16.5%

↓ Disparity Identified   N=Statewide Denominator

·········· MSP   - - - - - - Statewide Average
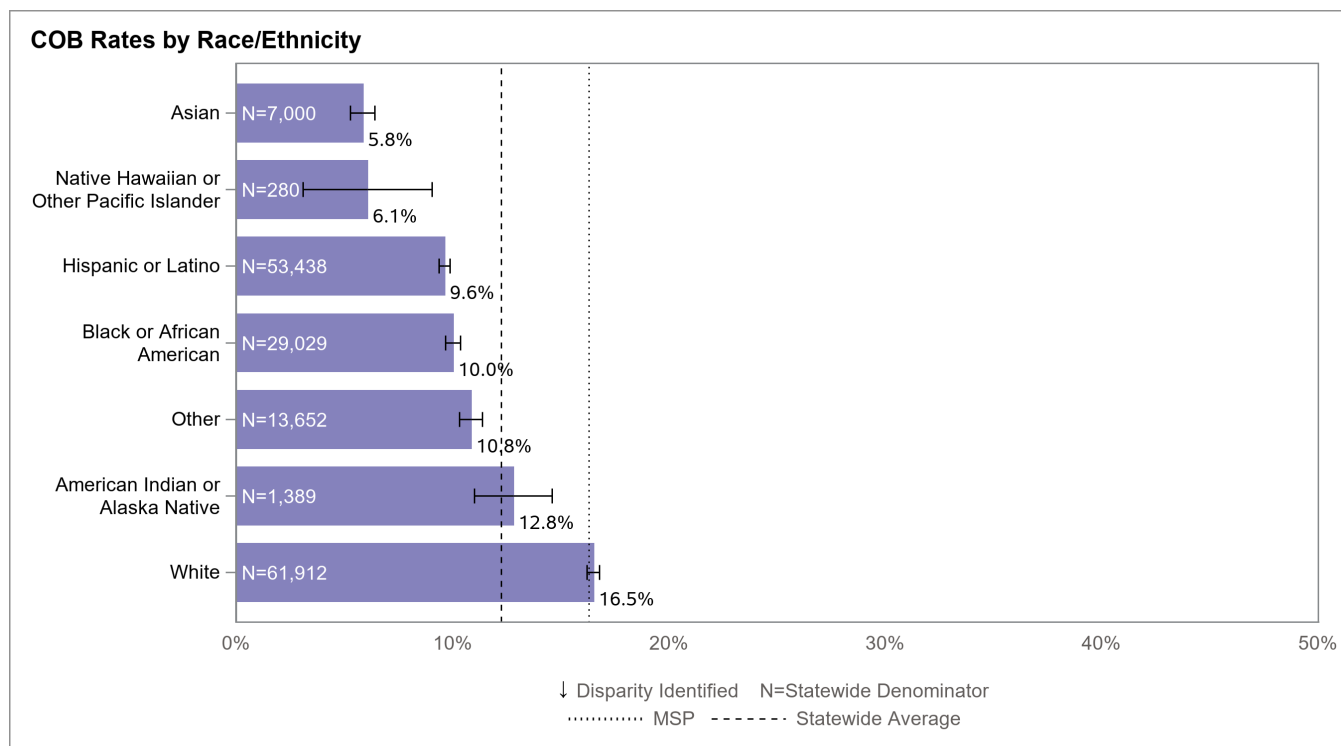
♦ The rates for all racial/ethnic groups ranged from 16.5 percent for the White group to 5.8 percent for the Asian group.

♦ No disparities were identified for the *Concurrent Use of Opioids and Benzodiazepines* indicator.

♦ The following racial/ethnic groups exhibited rates above the statewide average for the *Concurrent Use of Opioids and Benzodiazepines* indicator:

  ▪ American Indian or Alaska Native
  ▪ White

♦ The rate for the White group was above the median state performance rate for the *Concurrent Use of Opioids and Benzodiazepines* indicator; however, this was not identified as a disparity due to part of the confidence interval falling below the median state performance rate.

Use of Opioids at High Dosage in Persons Without Cancer (OHD)

The *Use of Opioids at High Dosage in Persons Without Cancer (OHD)* indicator measures the percentage of members age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Figure 3.39 displays the statewide *Use of Opioids at High Dosage in Persons Without Cancer (OHD)* rate and denominator for each racial/ethnic group in addition to identified health disparities.

Figure 3.39—Use of Opioids at High Dosage in Persons Without Cancer (OHD) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 4.7 percent (N=5,619).

The following are the denominator sizes for select racial/ethnic groups: Asian (4,843), Hispanic or Latino (44,534), and Other (11,139).

S indicates fewer than 11 cases exist in the numerator for the racial/ethnic group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile.

OHD Rates by Race/Ethnicity

Race/Ethnicity	Rate
Asian	2.2%
Hispanic or Latino	2.6%
Other	3.9%
American Indian or Alaska Native (N=1,220)	4.2%
Black or African American (N=26,145)	5.4%
White (N=54,090)	5.8%
Native Hawaiian or Other Pacific Islander	S

↓ Disparity Identified   N=Statewide Denominator
·········· MSP   - - - - - - Statewide Average
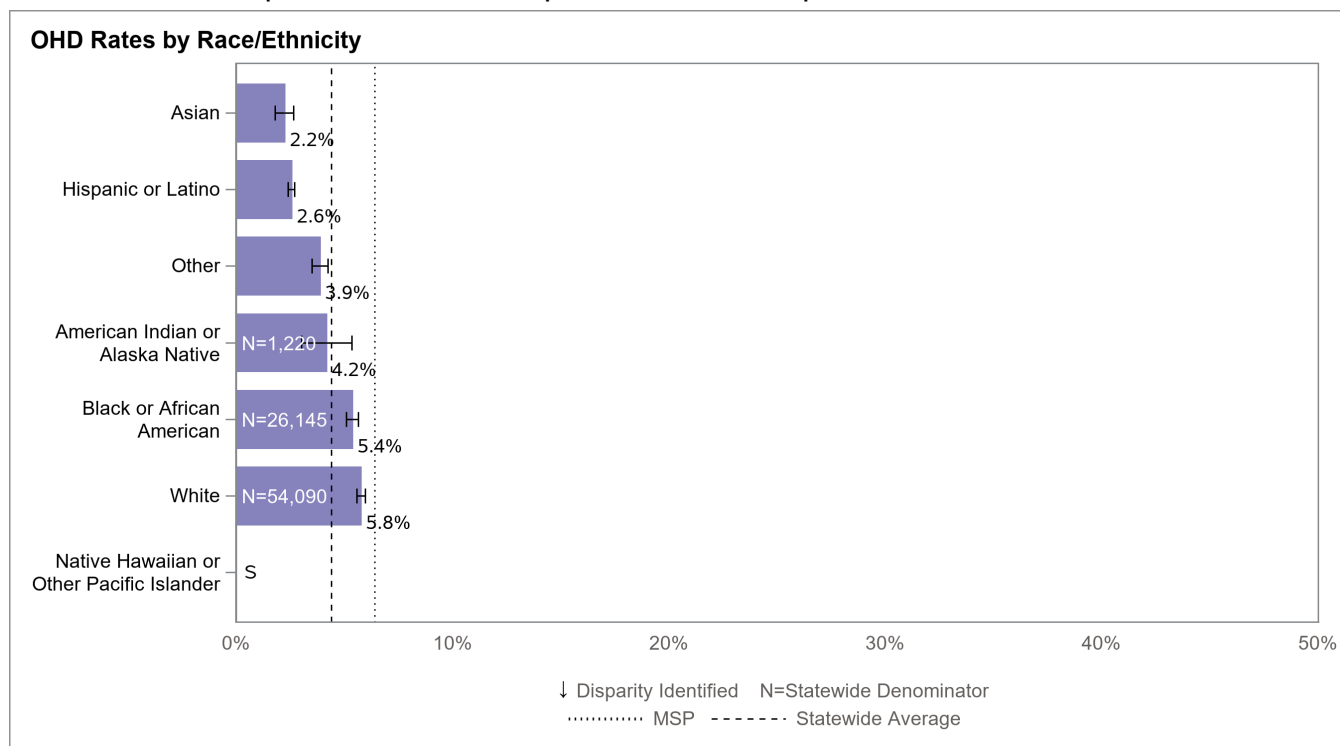
♦ The rates for all racial/ethnic groups ranged from 5.8 percent for the White group to 2.2 percent for the Asian group.

♦ No disparities were identified for the *Use of Opioids at High Dosage in Persons Without Cancer* indicator.

♦ The following racial/ethnic groups exhibited rates above the statewide average for the *Use of Opioids at High Dosage in Persons Without Cancer* indicator:

    ▪ Black or African American

    ▪ White

Appendix A. Highest Performing Group Analysis

HSAG performed a statewide-level racial/ethnic highest performing analysis for each MCAS indicator. Specifically, HSAG calculated the proportion of each racial/ethnic group's rate from the highest performing group rate using the following formula:

$$\frac{Racial\ Ethnic\ Rate}{Highest\ Performing\ Racial\ Ethnic\ Rate}$$

For lower-is-better indicators, HSAG used the following formula:

$$\frac{1 - Racial\ Ethnic\ Rate}{1 - Highest\ Performing\ Racial\ Ethnic\ Rate}$$

Please note, the *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total* indicator was not included in the highest performing group analysis as a higher or lower rate is not indicative of better or worse performance for this indicator. Additionally, the Unknown/Missing group was excluded from consideration as the highest performing group for each indicator due to the inability to provide further context or conclusions for this group because of the unknown demographic composition of this population.

For the highest performing group analysis, HSAG displays summary figures for each domain that highlight each racial/ethnic group's performance compared to the highest performing group for each indicator. HSAG also displays individual indicator figures organized by domain that display rate ratios.

Highest Performing Racial/Ethnic Group: Children's Health Domain

Figure A.1—Highest Performing Group Summary: Children's Health Domain

Note: Within the figure, the following racial/ethnic groups have been shortened: American Indian or Alaska Native (AI/AN), Black or African American (Black), Hispanic or Latino (Latino), and Native Hawaiian or Other Pacific Islander (NH/PI).

Children's Health Domain
Rate Ratio from Best Performing Rates by Race/Ethnicity

Legend: <0.60, 0.60–0.70, 0.70–0.80, 0.80–0.90, 0.90–1.00, 1.00
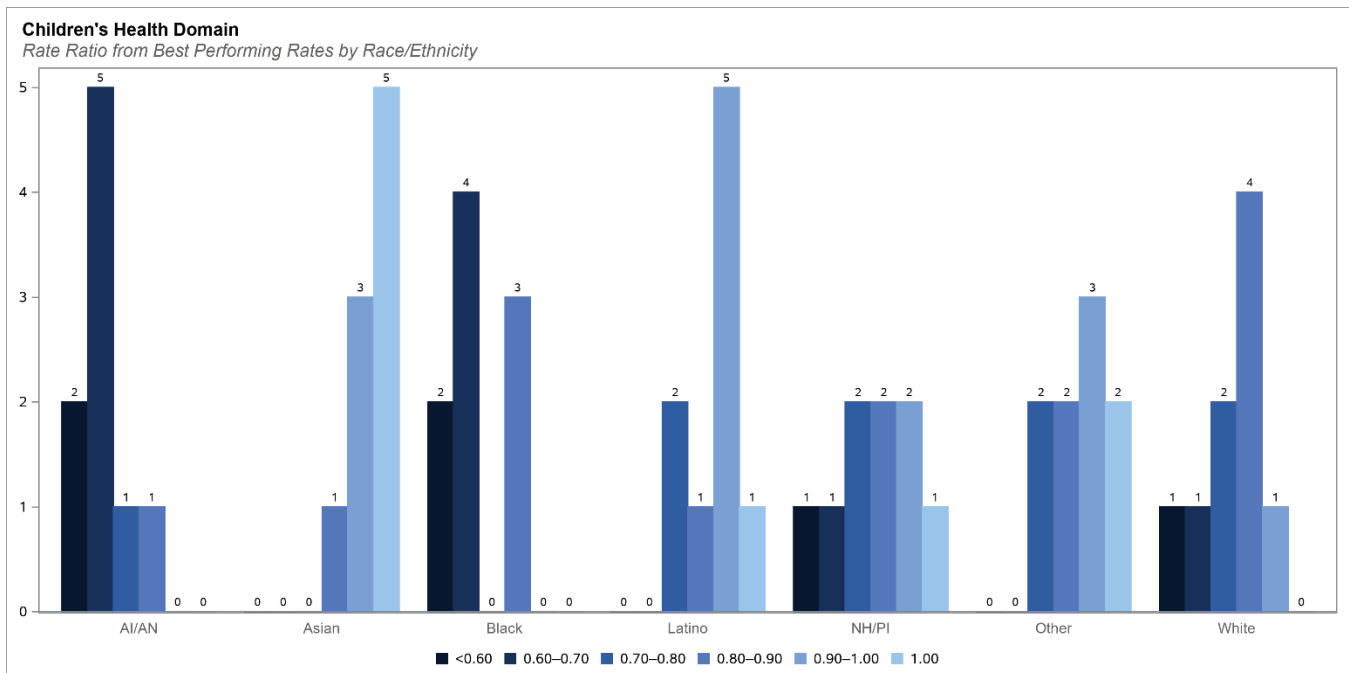
- ♦ The Asian racial/ethnic group had the highest performing rate for five of nine indicators (55.6 percent) in the Children's Health domain, with three of the four remaining indicator rates (75.0 percent) at 90 percent or more of the rates for the highest performing group.
- ♦ The following racial/ethnic groups did not have the highest performing rate for any indicators in the Children's Health domain:
  - American Indian or Alaska Native
  - Black or African American
  - White
- ♦ The following racial/ethnic groups had a majority of their indicator rates below 70 percent of the rates for the highest performing group in the Children's Health Domain:
  - American Indian or Alaska Native (88.9 percent)
  - Black or African American (66.7 percent)
- ♦ The following racial/ethnic groups had at least one indicator rate in the Children's Health domain that was below 60 percent of the rate for the highest performing group:
  - American Indian or Alaska Native (two rates)
  - Black or African American (two rates)

- ■ Native Hawaiian or Other Pacific Islander (one rate)
- ■ White (one rate)
- ♦ For the *Childhood Immunization Status—Combination 10* indicator, four of the six racial/ethnic groups (66.7 percent) had rates below 60 percent of the rate for the highest performing group (i.e., the Asian group).

Figure A.2—Child and Adolescent Well-Care Visits—Total (WCV) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 45.4 percent.

The rate ratio for the Unknown/Missing group was 0.931 (N=158,676).

WCV Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=261,042	1.000
Hispanic or Latino	N=2,492,659	0.941
Other	N=216,065	0.935
White	N=504,761	0.792
Native Hawaiian or Other Pacific Islander	N=8,928	0.717
Black or African American	N=262,780	0.681
American Indian or Alaska Native	N=12,070	0.647

N=Statewide Denominator

Figure A.3—Childhood Immunization Status—Combination 10 (CIS–10) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 57.2 percent.

The rate ratio for the Unknown/Missing group was 0.552 (N=2,889).

CIS–10 Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=1,095	1.000
Hispanic or Latino	N=10,168	0.772
Other	N=3,252	0.721
Native Hawaiian or Other Pacific Islander	N=42	0.583
White	N=3,057	0.568
American Indian or Alaska Native	N=86	0.508
Black or African American	N=1,087	0.386

N=Statewide Denominator

Figure A.4—Developmental Screening in the First Three Years of Life—Total (DEV) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 29.2 percent.

The rate ratio for the Unknown/Missing group was 0.667 (N=53,467).

DEV Rates by Highest Performer

Group	N	Rate Ratio
Other	N=45,561	1.000
Asian	N=22,472	0.884
Native Hawaiian or Other Pacific Islander	N=721	0.802
White	N=51,180	0.789
Hispanic or Latino	N=234,798	0.788
Black or African American	N=27,460	0.651
American Indian or Alaska Native	N=1,106	0.529

N=Statewide Denominator

Figure A.5—Immunizations for Adolescents—Combination 2 (IMA–2) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 47.5 percent.
The rate ratio for the Unknown/Missing group was 0.621 (N=485).

IMA–2 Rates by Highest Performer

Group	N (Statewide Denominator)	Rate Ratio
Asian	N=1,490	1.000
Hispanic or Latino	N=12,859	0.964
Native Hawaiian or Other Pacific Islander	N=69	0.854
Other	N=1,260	0.793
American Indian or Alaska Native	N=135	0.670
Black or African American	N=1,287	0.636
White	N=3,809	0.612

N=Statewide Denominator
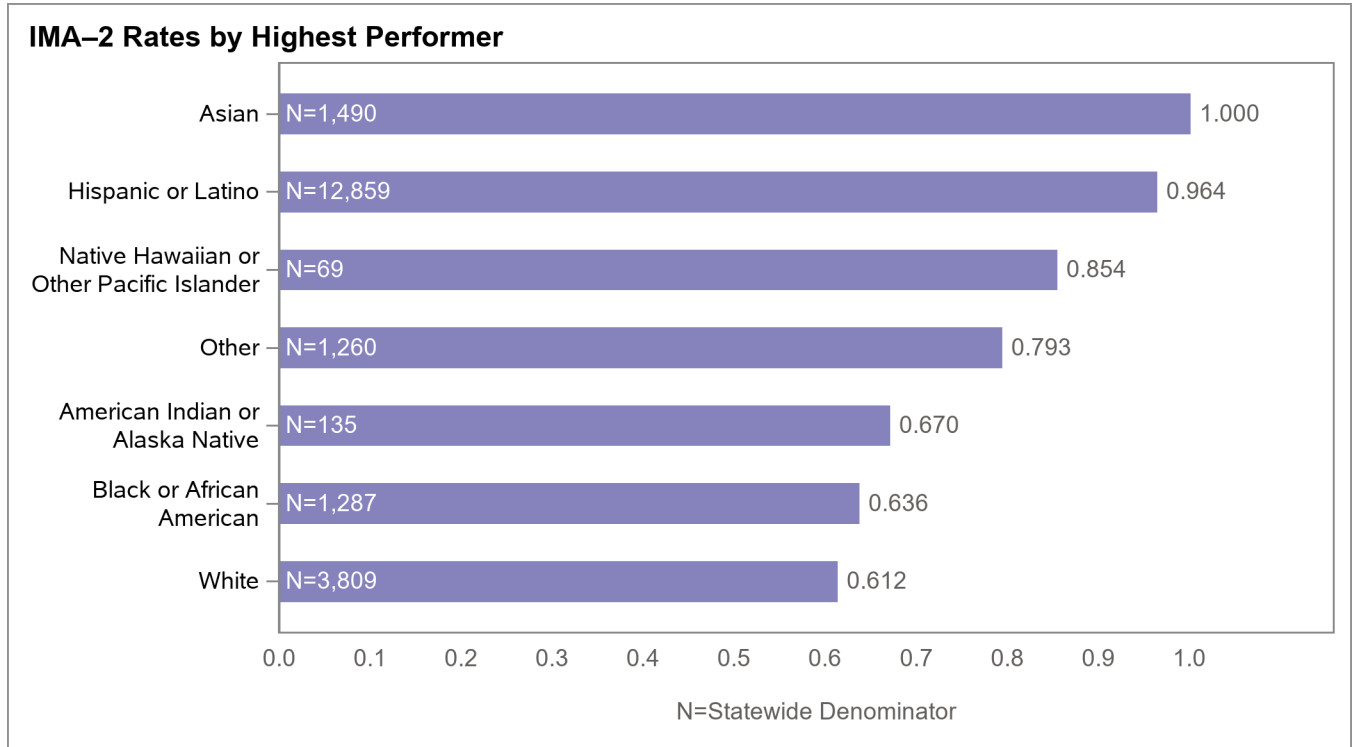
Figure A.6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 81.2 percent.

The rate ratio for the Unknown/Missing group was 1.005 (N=1,059).

WCC–BMI Rates by Highest Performer

Group	N	Rate Ratio
Hispanic or Latino	N=13,116	1.000
Native Hawaiian or Other Pacific Islander	N=58	0.956
Other	N=1,828	0.954
Asian	N=1,432	0.943
White	N=3,679	0.934
American Indian or Alaska Native	N=140	0.889
Black or African American	N=1,119	0.871

N=Statewide Denominator
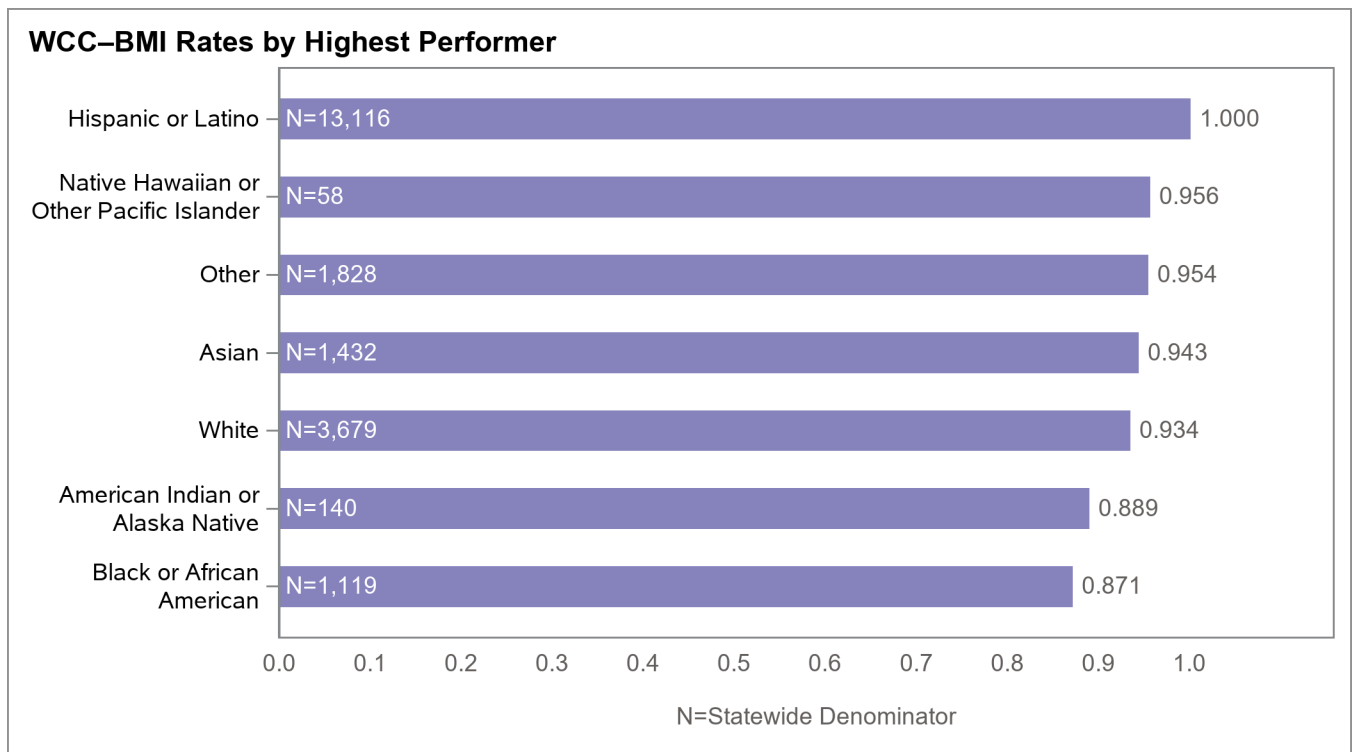
Figure A.7—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 74.8 percent.

The rate ratio for the Unknown/Missing group was 0.944 (N=1,059).

WCC–N Rates by Highest Performer

Group	N	Rate Ratio
Other	N=1,828	1.000
Native Hawaiian or Other Pacific Islander	N=58	0.991
Asian	N=1,432	0.985
Hispanic or Latino	N=13,116	0.972
White	N=3,679	0.888
Black or African American	N=1,119	0.859
American Indian or Alaska Native	N=140	0.697

N=Statewide Denominator
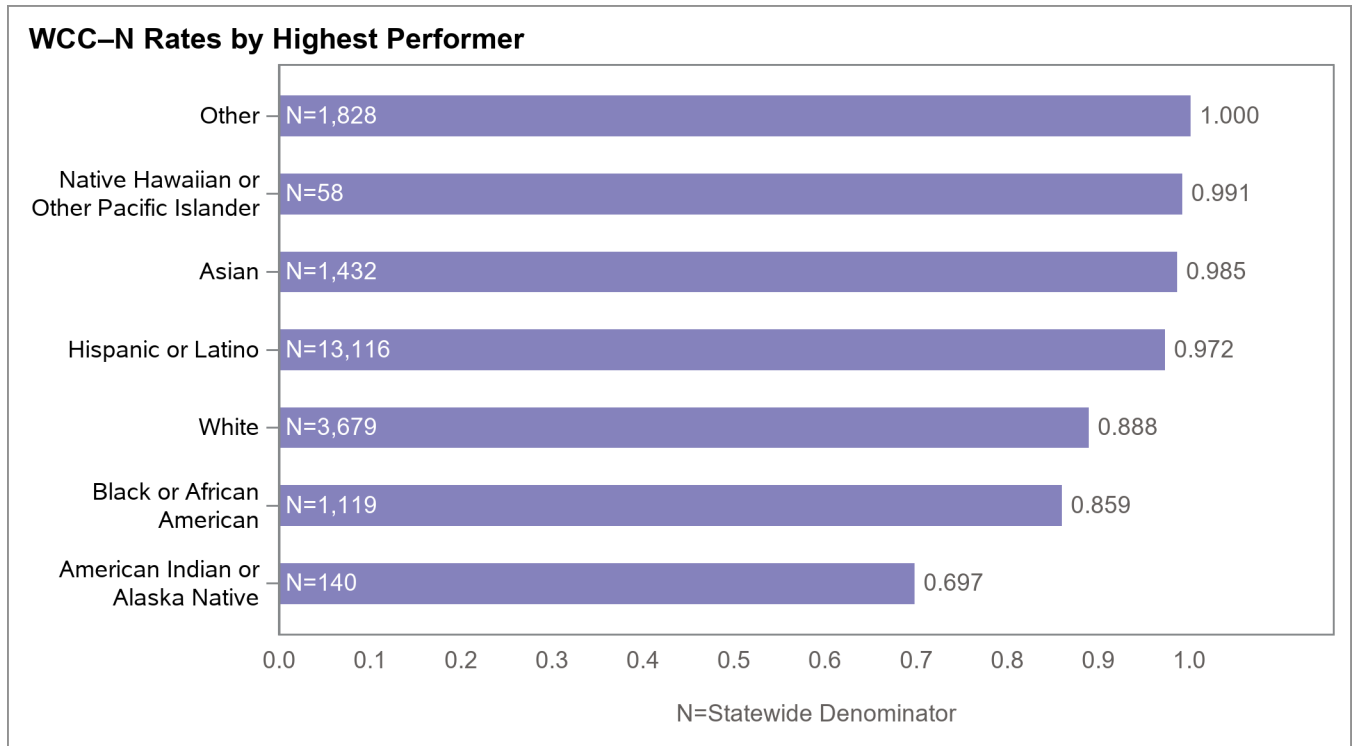
Figure A.8—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 72.4 percent.

The rate ratio for the Unknown/Missing group was 0.922 (N=1,059).

WCC–PA Rates by Highest Performer

Group	N	Rate Ratio
Native Hawaiian or Other Pacific Islander	N=58	1.000
Other	N=1,828	0.998
Asian	N=1,432	0.991
Hispanic or Latino	N=13,116	0.968
White	N=3,679	0.889
Black or African American	N=1,119	0.843
American Indian or Alaska Native	N=140	0.700

N=Statewide Denominator
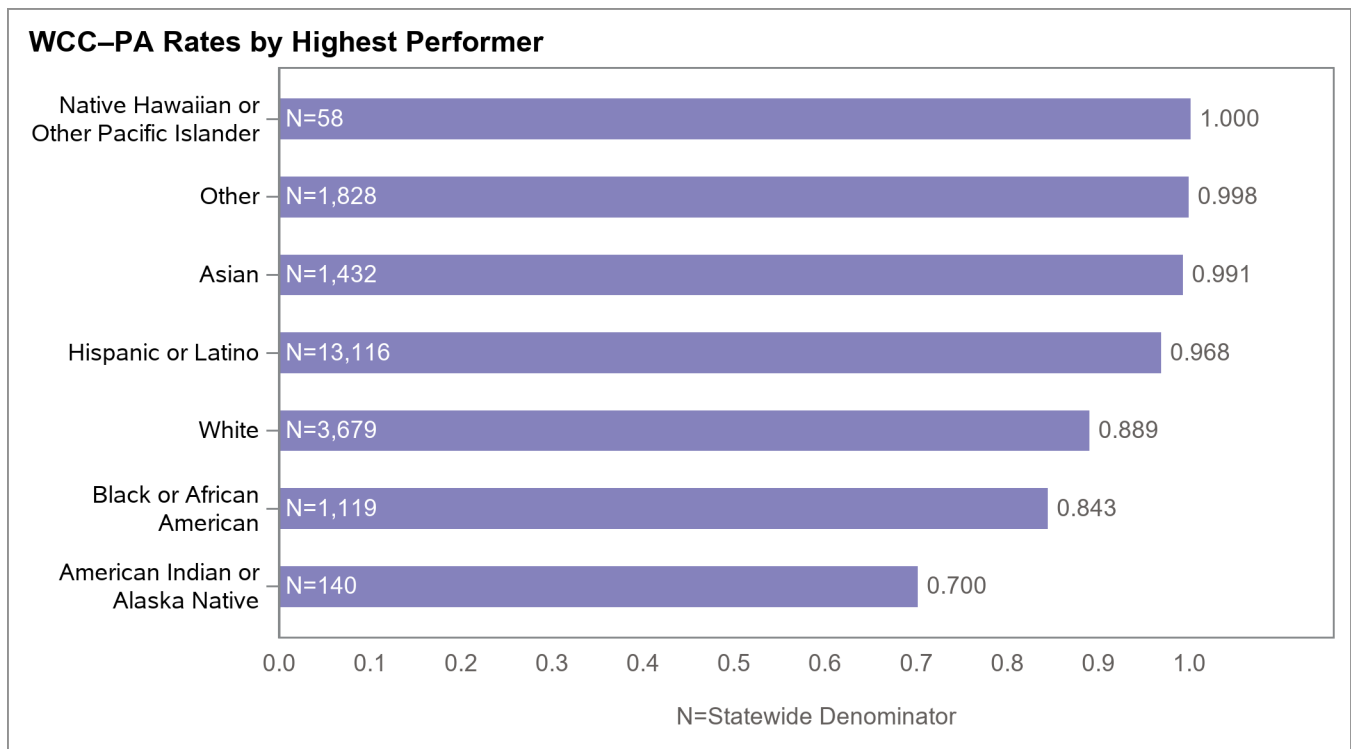
Figure A.9—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 45.3 percent.

The rate ratio for the Unknown/Missing group was 0.768 (N=14,980).

W30–6 Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=5,271	1.000
Hispanic or Latino	N=51,549	0.866
Other	N=12,593	0.846
White	N=11,803	0.817
American Indian or Alaska Native	N=223	0.673
Native Hawaiian or Other Pacific Islander	N=155	0.655
Black or African American	N=6,120	0.567

N=Statewide Denominator

Figure A.10—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 75.7 percent.

The rate ratio for the Unknown/Missing group was 0.818 (N=20,139).

W30–2 Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=8,916	1.000
Hispanic or Latino	N=95,074	0.916
Other	N=16,939	0.882
White	N=19,756	0.834
Native Hawaiian or Other Pacific Islander	N=278	0.737
American Indian or Alaska Native	N=415	0.688
Black or African American	N=10,750	0.632

N=Statewide Denominator

Highest Performing Racial/Ethnic Group: Women's Health Domain

Figure A.11—Highest Performing Group Summary: Women's Health Domain

Note: Within the figure, the following racial/ethnic groups have been shortened: American Indian or Alaska Native (AI/AN), Black or African American (Black), Hispanic or Latino (Latino), and Native Hawaiian or Other Pacific Islander (NH/PI).
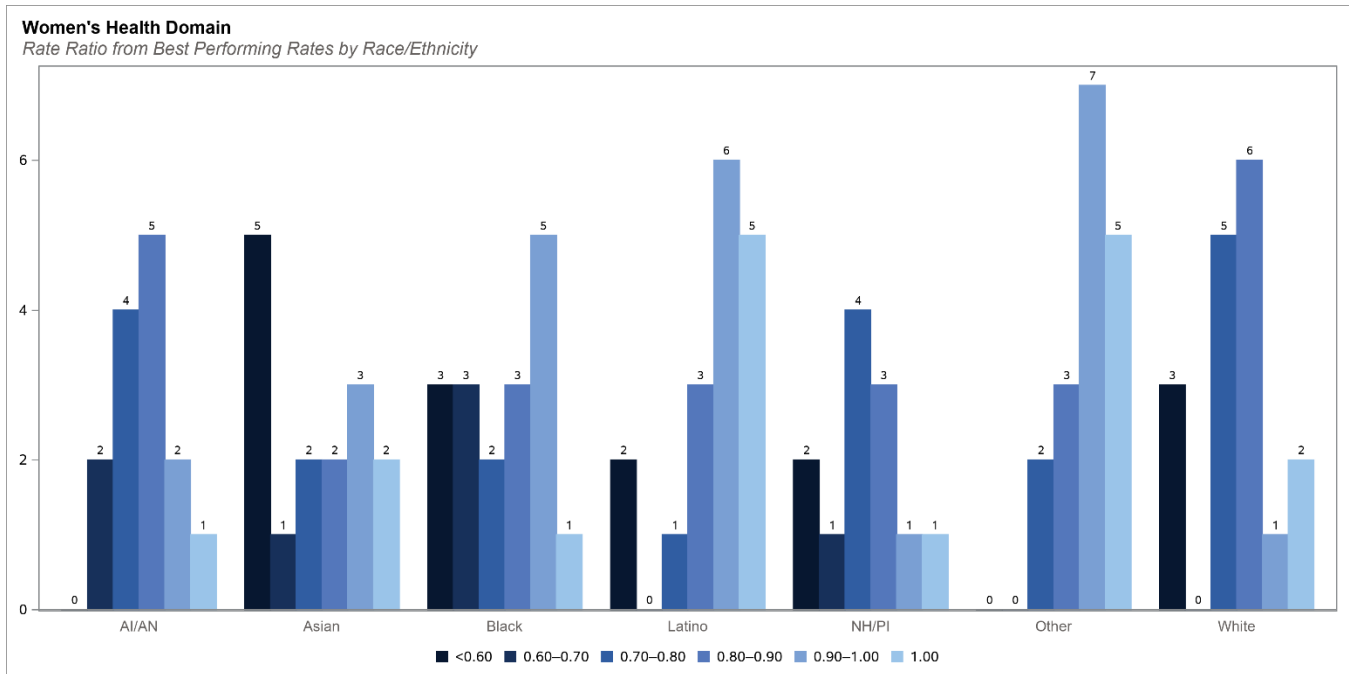
- ♦ The Other racial/ethnic group had the highest performing rate for five of 17 indicators (29.4 percent) in the Women's Health domain, with the 12 remaining indicator rates at 80 percent or more of the rates for the highest performing group.

- ♦ The Hispanic or Latino racial/ethnic group had the highest performing rate for five of the 17 indicators (29.4 percent) in the Women's Health domain, with 10 of the 12 remaining indicator rates (83.3 percent) at 80 percent or more of the rates for the highest performing group.

- ♦ All racial/ethnic groups had at least one indicator for which they were the highest performing group.

- ♦ The Asian and Black or African American racial/ethnic groups each had indicator rates below 70 percent of the rates for the highest performing group for six of the 17 indicators (35.3 percent) in the Women's Health domain. For the Asian racial/ethnic group, five of those six indicator rates were less than 60 percent of the rates for the highest performing group.

- ♦ The following racial/ethnic groups had at least one indicator rate in the Women's Health domain that was at or below 60 percent of the rate for the highest performing group:
  - ■ Asian
  - ■ Black or African American

- ■ Hispanic or Latino
- ■ Native Hawaiian or Other Pacific Islander
- ■ White

♦ For the *Contraceptive Care—All Women—LARC—Ages 15–20 Years* indicator, four of the six racial/ethnic groups (66.7 percent) had rates less than 60 percent of the rate for the highest performing group.

♦ For the *Contraceptive Care—All Women—Most or Moderately Effective Contraception— Ages 15–20 Years*, three of the six racial/ethnic groups (50.0 percent) had rates less than 60 percent of the rate for the highest performing group.

Figure A.12—Breast Cancer Screening (BCS) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 63.4 percent.

The rate ratio for the Unknown/Missing group was 0.824 (N=20,478).

BCS Rates by Highest Performer

Group	N	Rate
Hispanic or Latino	N=183,908	1.000
Asian	N=90,891	0.935
Other	N=41,577	0.879
Black or African American	N=39,973	0.803
White	N=116,883	0.775
Native Hawaiian or Other Pacific Islander	N=828	0.758
American Indian or Alaska Native	N=2,390	0.665

N=Statewide Denominator

Figure A.13—Cervical Cancer Screening (CCS) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 62.3 percent.

The rate ratio for the Unknown/Missing group was 0.885 (N=668).

CCS Rates by Highest Performer

Group	N	Rate Ratio
Hispanic or Latino	N=8,385	1.000
Asian	N=2,236	0.946
Black or African American	N=1,516	0.928
Other	N=3,156	0.913
White	N=5,933	0.857
Native Hawaiian or Other Pacific Islander	N=61	0.842
American Indian or Alaska Native	N=176	0.730

N=Statewide Denominator

Figure A.14—Chlamydia Screening in Women—Total (CHL) by Highest Performing Group

Note: The highest performing group (i.e., the Black or African American group) had a rate of 70.9 percent.

The rate ratio for the Unknown/Missing group was 0.785 (N=6,622).

CHL Rates by Highest Performer

Group	N	Rate
Black or African American	N=23,927	1.000
Hispanic or Latino	N=191,029	0.888
Other	N=24,197	0.881
Native Hawaiian or Other Pacific Islander	N=520	0.838
Asian	N=15,494	0.814
American Indian or Alaska Native	N=1,207	0.781
White	N=46,309	0.750

N=Statewide Denominator
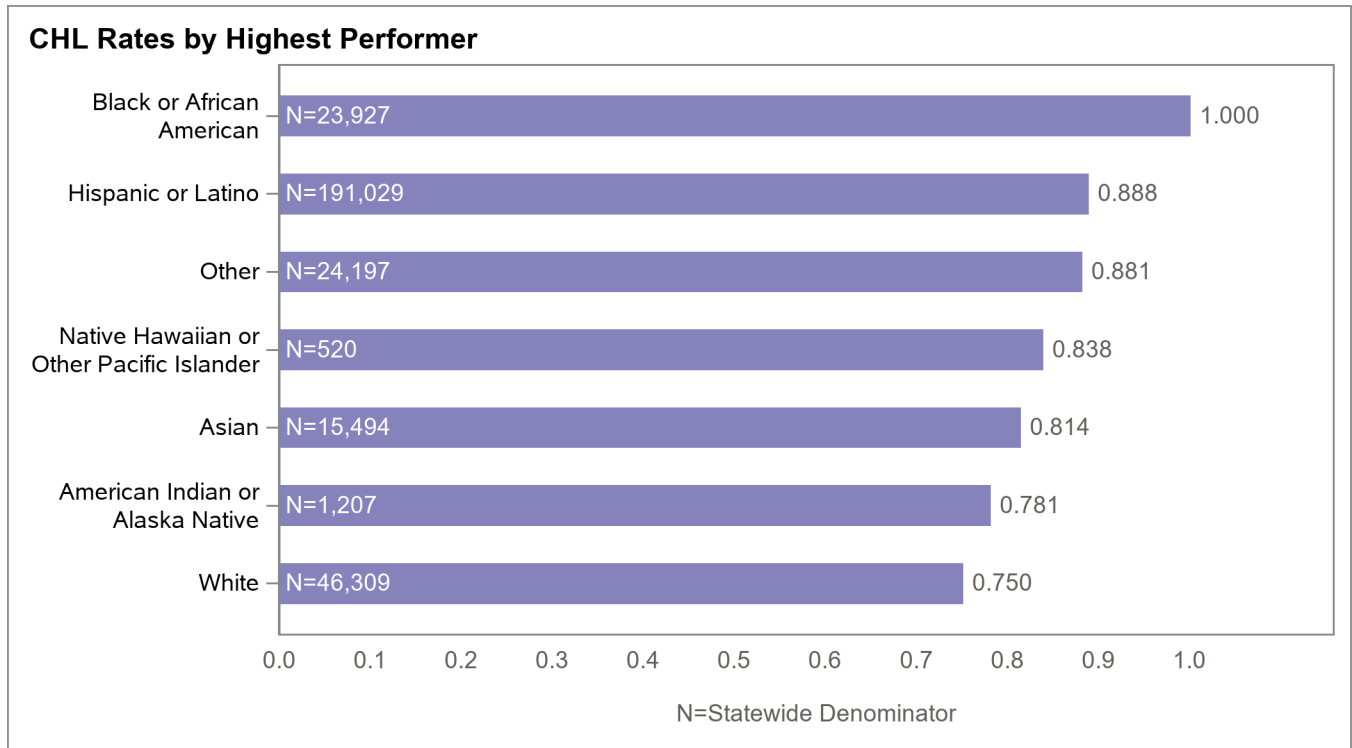
Figure A.15—Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520) by Highest Performing Group

Note: The highest performing group (i.e., the American Indian or Alaska Native group) had a rate of 4.0 percent.

The rate ratio for the Unknown/Missing group was 0.467 (N=12,116).

CCW–LARC–1520 Rates by Highest Performer

Group	N	Rate Ratio
American Indian or Alaska Native	N=1,896	1.000
White	N=71,897	0.778
Other	N=28,938	0.754
Hispanic or Latino	N=373,171	0.544
Black or African American	N=36,245	0.519
Native Hawaiian or Other Pacific Islander	N=1,331	0.469
Asian	N=43,338	0.233

N=Statewide Denominator
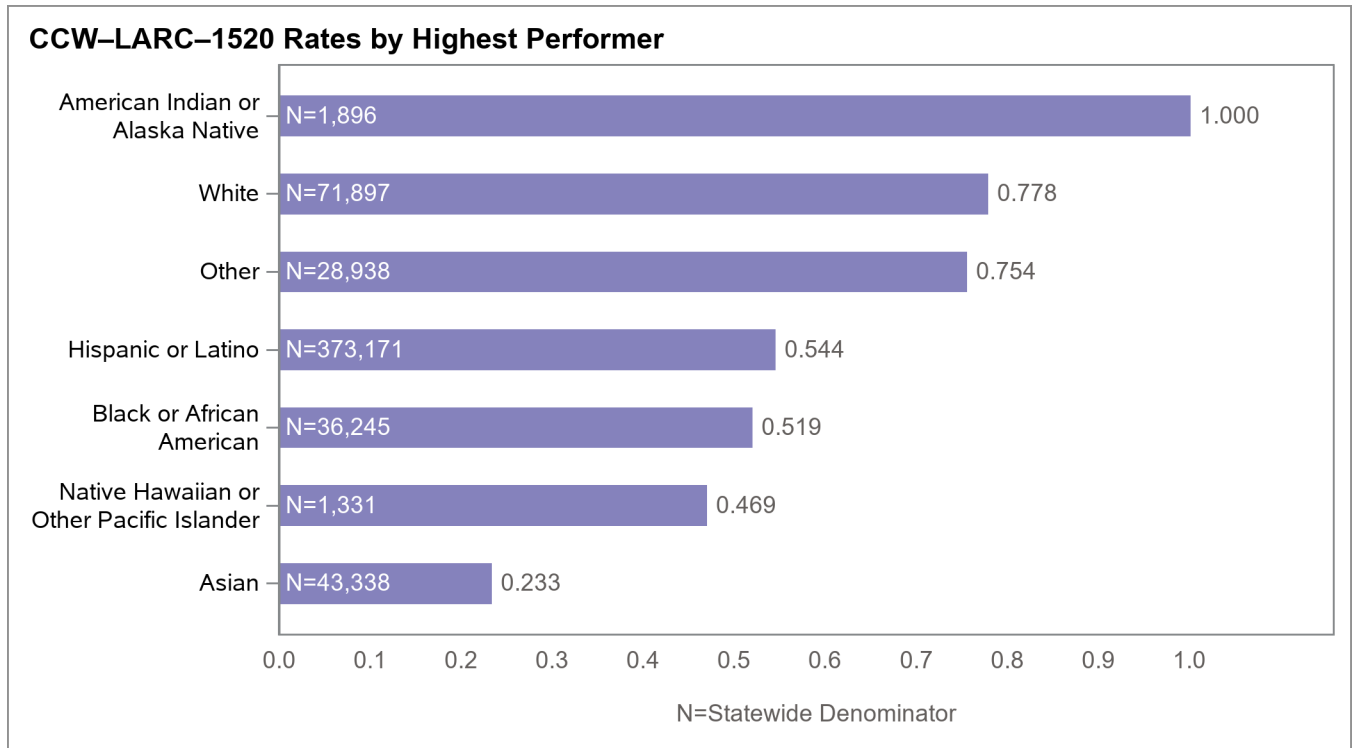
Figure A.16—Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 5.0 percent.

The rate ratio for the Unknown/Missing group was 0.673 (N=43,528).

CCW–LARC–2144 Rates by Highest Performer

Group	N	Rate Ratio
Hispanic or Latino	N=655,588	1.000
Other	N=143,052	0.983
American Indian or Alaska Native	N=6,435	0.793
Native Hawaiian or Other Pacific Islander	N=3,340	0.746
White	N=279,940	0.745
Black or African American	N=124,735	0.694
Asian	N=116,820	0.524

N=Statewide Denominator
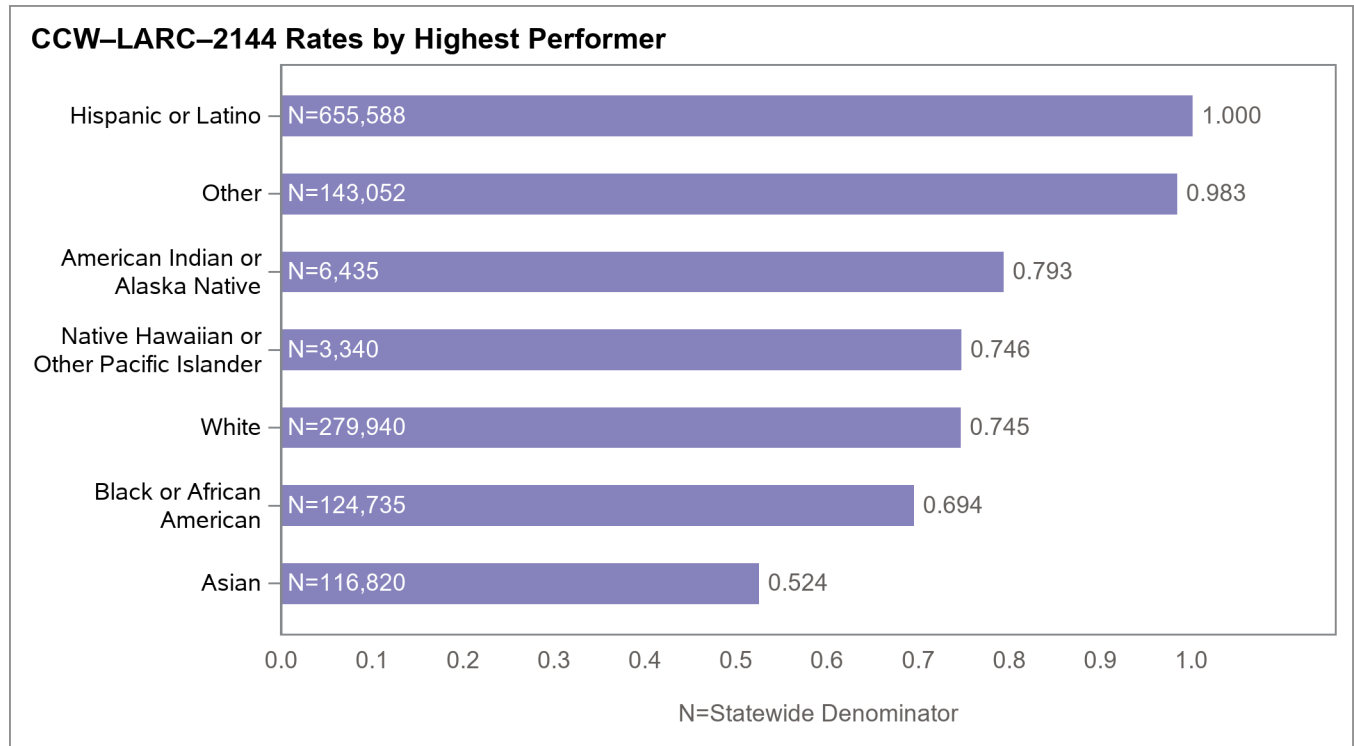
Figure A.17—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 23.9 percent. The rate ratio for the Unknown/Missing group was 0.610 (N=12,116).

CCW–MMEC–1520 Rates by Highest Performer

Group	N	Rate Ratio
White	N=71,897	1.000
American Indian or Alaska Native	N=1,896	0.952
Other	N=28,938	0.778
Black or African American	N=36,245	0.658
Hispanic or Latino	N=373,171	0.551
Native Hawaiian or Other Pacific Islander	N=1,331	0.450
Asian	N=43,338	0.383

N=Statewide Denominator

Figure A.18—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 25.4 percent.

The rate ratio for the Unknown/Missing group was 0.818 (N=43,528).

CCW–MMEC–2144 Rates by Highest Performer

Group	N	Rate Ratio
Hispanic or Latino	N=655,587	1.000
Other	N=143,052	0.966
White	N=279,940	0.893
Black or African American	N=124,736	0.845
American Indian or Alaska Native	N=6,435	0.823
Asian	N=116,820	0.724
Native Hawaiian or Other Pacific Islander	N=3,340	0.635

N=Statewide Denominator

Figure A.19—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 4.0 percent.

The rate ratio for the Unknown/Missing group was suppressed due to a small numerator.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

CCP–LARC3–1520 Rates by Highest Performer

Group	N	Rate
Other	N=901	1.000
Hispanic or Latino	N=6,842	0.732
Black or African American	N=691	0.543
White	N=997	0.402
American Indian or Alaska Native		S
Asian		S
Native Hawaiian or Other Pacific Islander		NA

N=Statewide Denominator
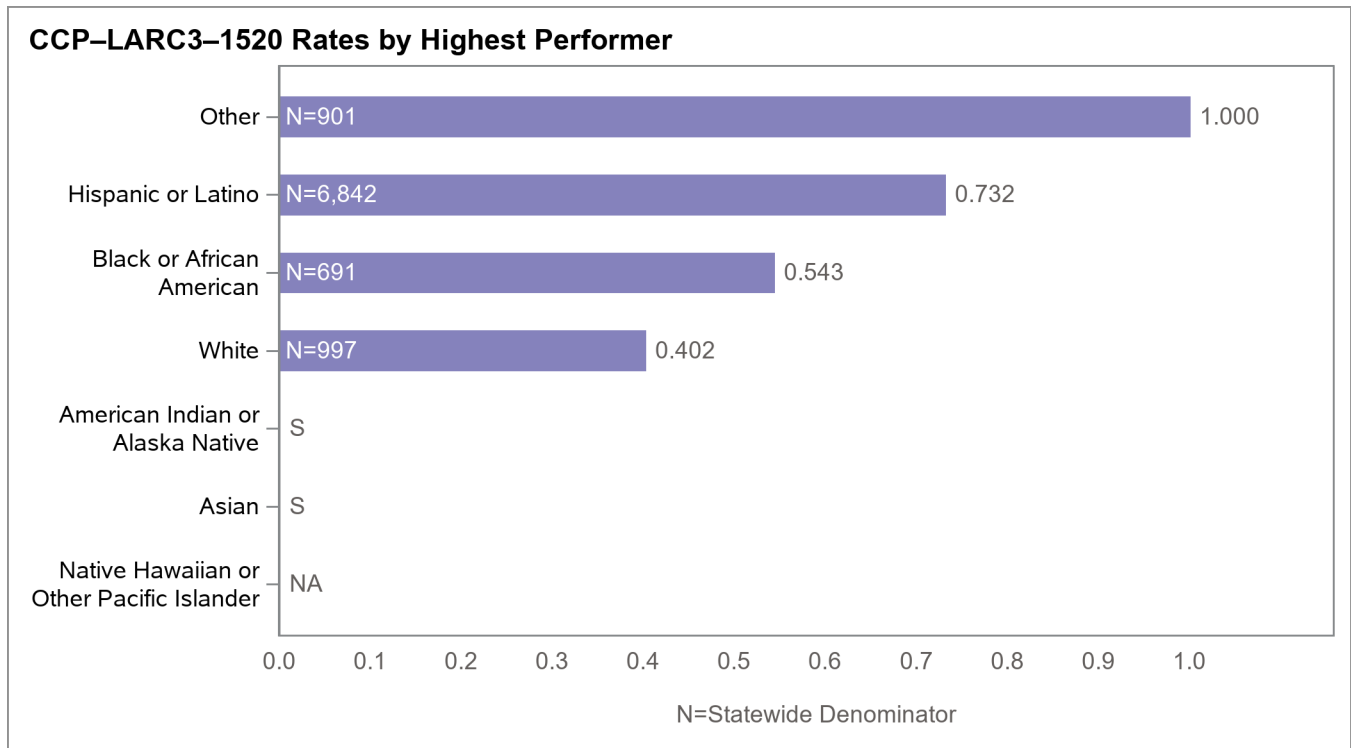
Figure A.20—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 3.3 percent.

The rate ratio for the Unknown/Missing group was 0.690 (N=2,587).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

CCP–LARC3–2144 Rates by Highest Performer

Group	N	Rate Ratio
Other	N=11,810	1.000
Black or African American	N=8,585	0.971
Hispanic or Latino	N=54,749	0.815
American Indian or Alaska Native	N=493	0.686
Asian	N=5,763	0.560
White	N=16,228	0.502
Native Hawaiian or Other Pacific Islander	S	

N=Statewide Denominator
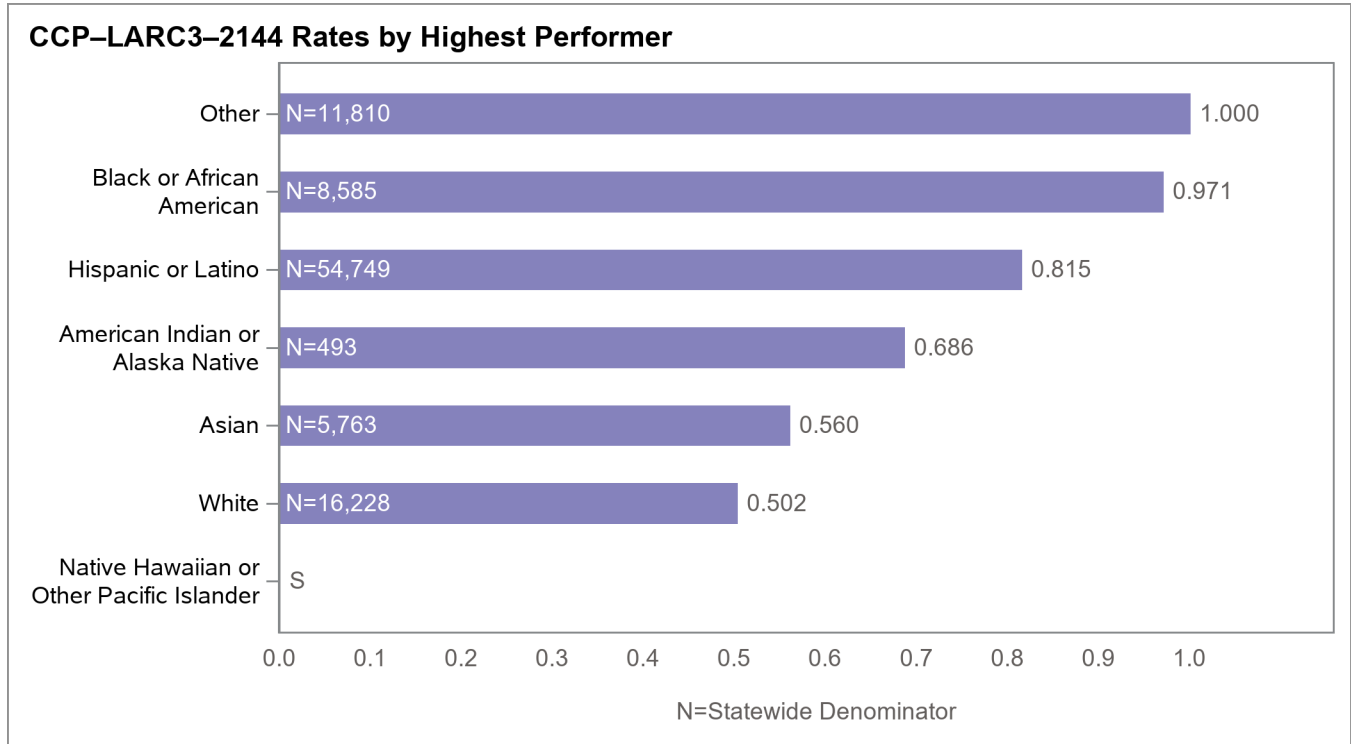
Figure A.21—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 16.1 percent.

The rate ratio for the Unknown/Missing group was 0.956 (N=169).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

CCP–LARC60–1520 Rates by Highest Performer

Group	N	Rate
Other	N=901	1.000
Hispanic or Latino	N=6,842	0.920
Asian	N=129	0.915
White	N=997	0.823
Black or African American	N=691	0.549
American Indian or Alaska Native	S	
Native Hawaiian or Other Pacific Islander	NA	

N=Statewide Denominator
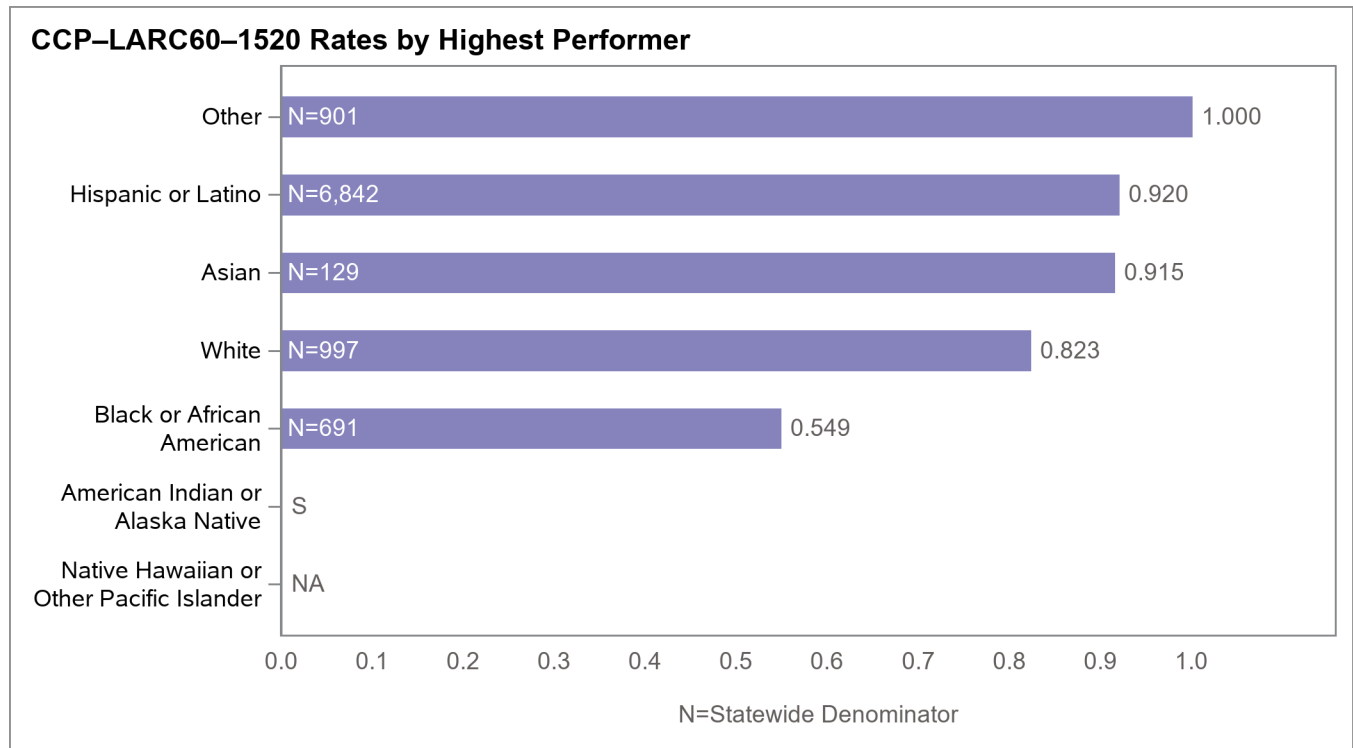
Figure A.22—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 13.0 percent.

The rate ratio for the Unknown/Missing group was 0.809 (N=2,587).

CCP–LARC60–2144 Rates by Highest Performer

Group	N	Rate Ratio
Other	N=11,810	1.000
Hispanic or Latino	N=54,749	0.961
Native Hawaiian or Other Pacific Islander	N=274	0.868
American Indian or Alaska Native	N=493	0.840
White	N=16,228	0.712
Black or African American	N=8,585	0.613
Asian	N=5,763	0.588

N=Statewide Denominator

Figure A.23—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 5.9 percent.

The rate ratio for the Unknown/Missing group was suppressed due to a small numerator.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

CCP–MMEC3–1520 Rates by Highest Performer

Group	N	Rate
Other	N=901	1.000
Black or African American	N=691	0.910
Hispanic or Latino	N=6,842	0.875
White	N=997	0.597
American Indian or Alaska Native		S
Asian		S
Native Hawaiian or Other Pacific Islander		NA

N=Statewide Denominator
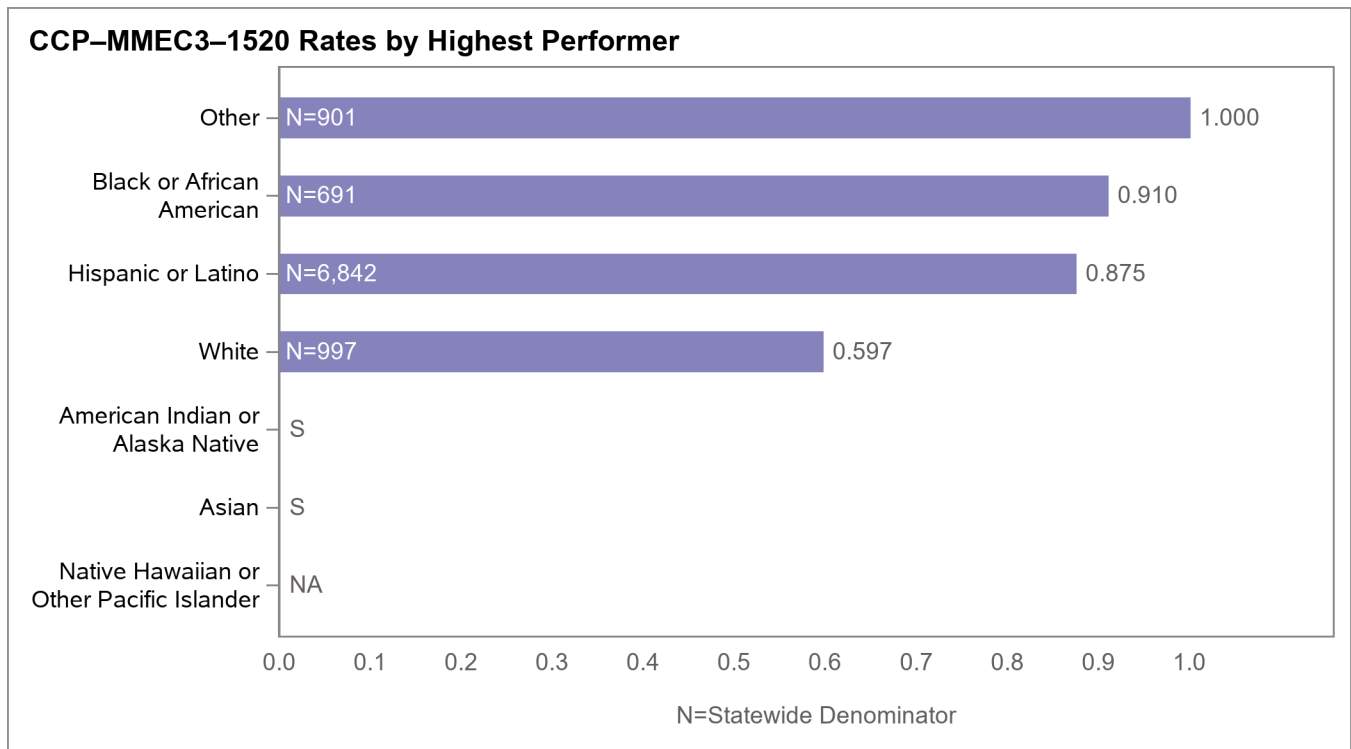
Figure A.24—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 11.7 percent.

The rate ratio for the Unknown/Missing group was 0.867 (N=2,587).

CCP–MMEC3–2144 Rates by Highest Performer

Group	N	Rate Ratio
Native Hawaiian or Other Pacific Islander	N=274	1.000
Black or African American	N=8,585	0.967
Hispanic or Latino	N=54,749	0.935
American Indian or Alaska Native	N=493	0.886
Other	N=11,810	0.840
White	N=16,228	0.818
Asian	N=5,763	0.694

N=Statewide Denominator
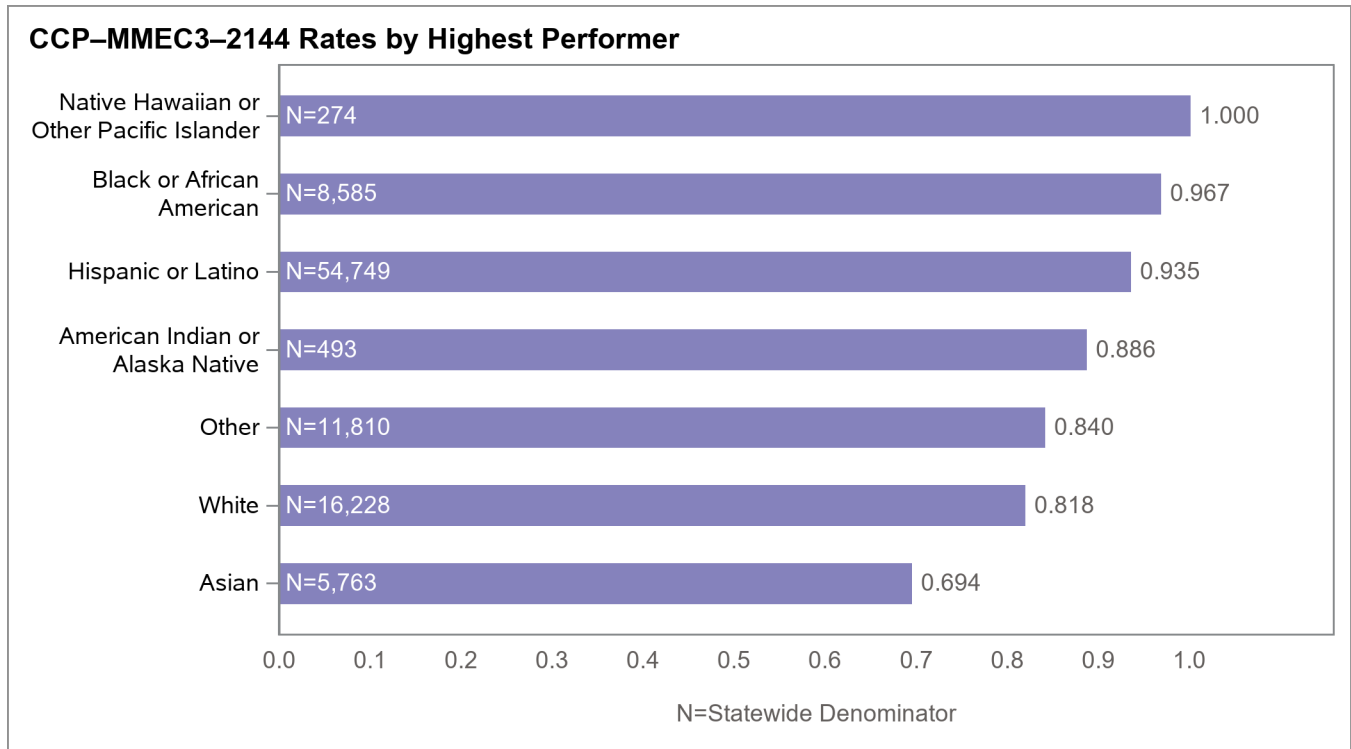
Figure A.25—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 35.5 percent.

The rate ratio for the Unknown/Missing group was 0.901 (N=169).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

CCP–MMEC60–1520 Rates by Highest Performer

Group	N	Rate
White	N=997	1.000
Other	N=901	0.971
Hispanic or Latino	N=6,842	0.964
Asian	N=129	0.846
American Indian or Alaska Native	N=61	0.790
Black or African American	N=691	0.720
Native Hawaiian or Other Pacific Islander		NA

N=Statewide Denominator
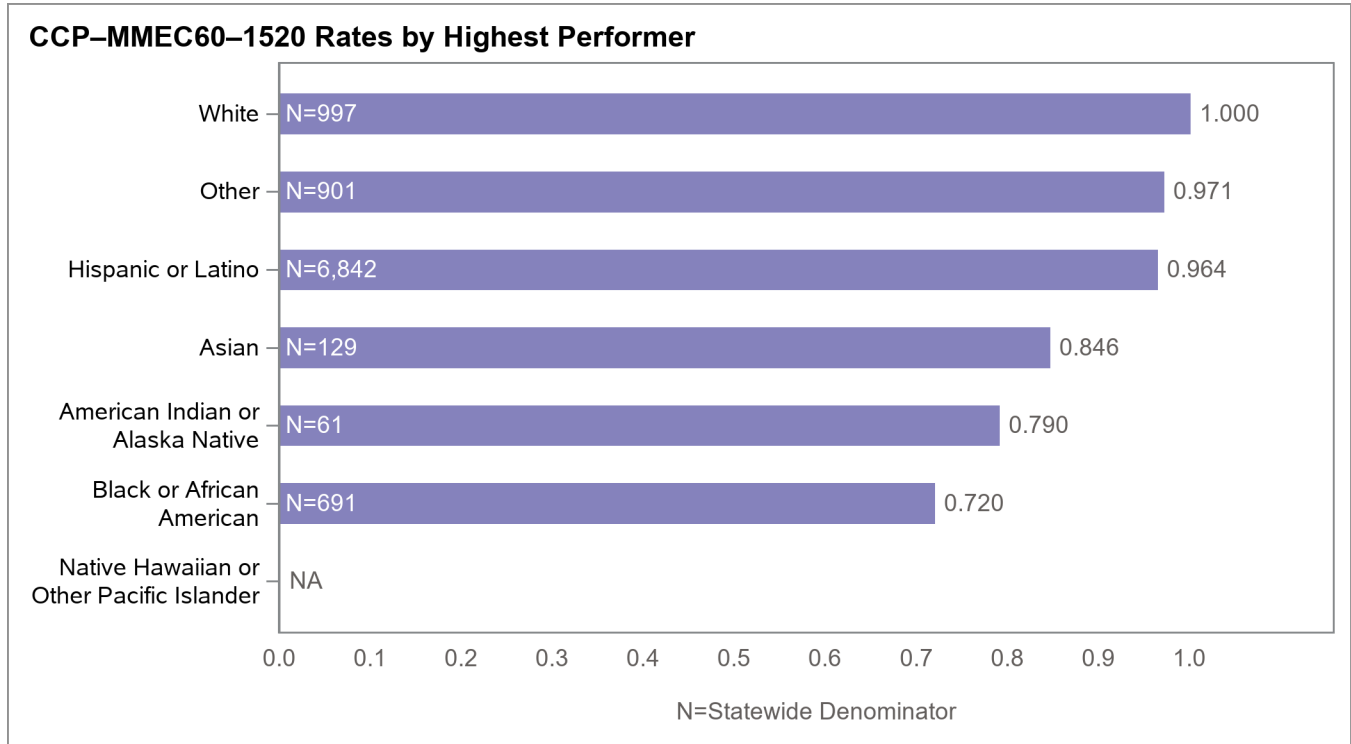
Figure A.26—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 39.3 percent.

The rate ratio for the Unknown/Missing group was 0.901 (N=2,587).

CCP–MMEC60–2144 Rates by Highest Performer

Group	N	Rate Ratio
Hispanic or Latino	N=54,749	1.000
American Indian or Alaska Native	N=493	0.913
Other	N=11,810	0.905
White	N=16,228	0.875
Black or African American	N=8,585	0.780
Asian	N=5,763	0.758
Native Hawaiian or Other Pacific Islander	N=274	0.742

N=Statewide Denominator
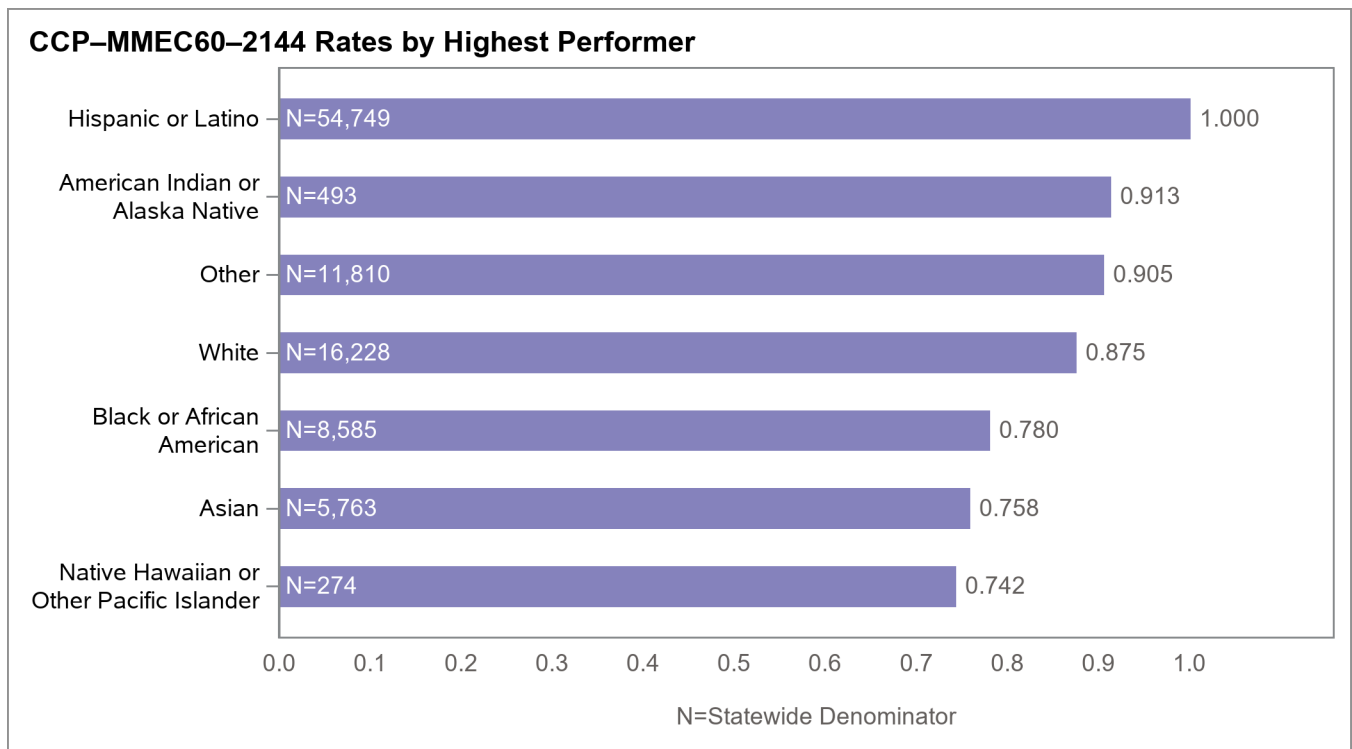
Figure A.27—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 87.0 percent.

The rate ratio for the Unknown/Missing group was 0.926 (N=518).

PPC–Pst Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=1,106	1.000
Hispanic or Latino	N=9,563	0.944
Other	N=3,227	0.931
White	N=3,973	0.893
American Indian or Alaska Native	N=173	0.891
Black or African American	N=1,277	0.827
Native Hawaiian or Other Pacific Islander	N=59	0.799

N=Statewide Denominator
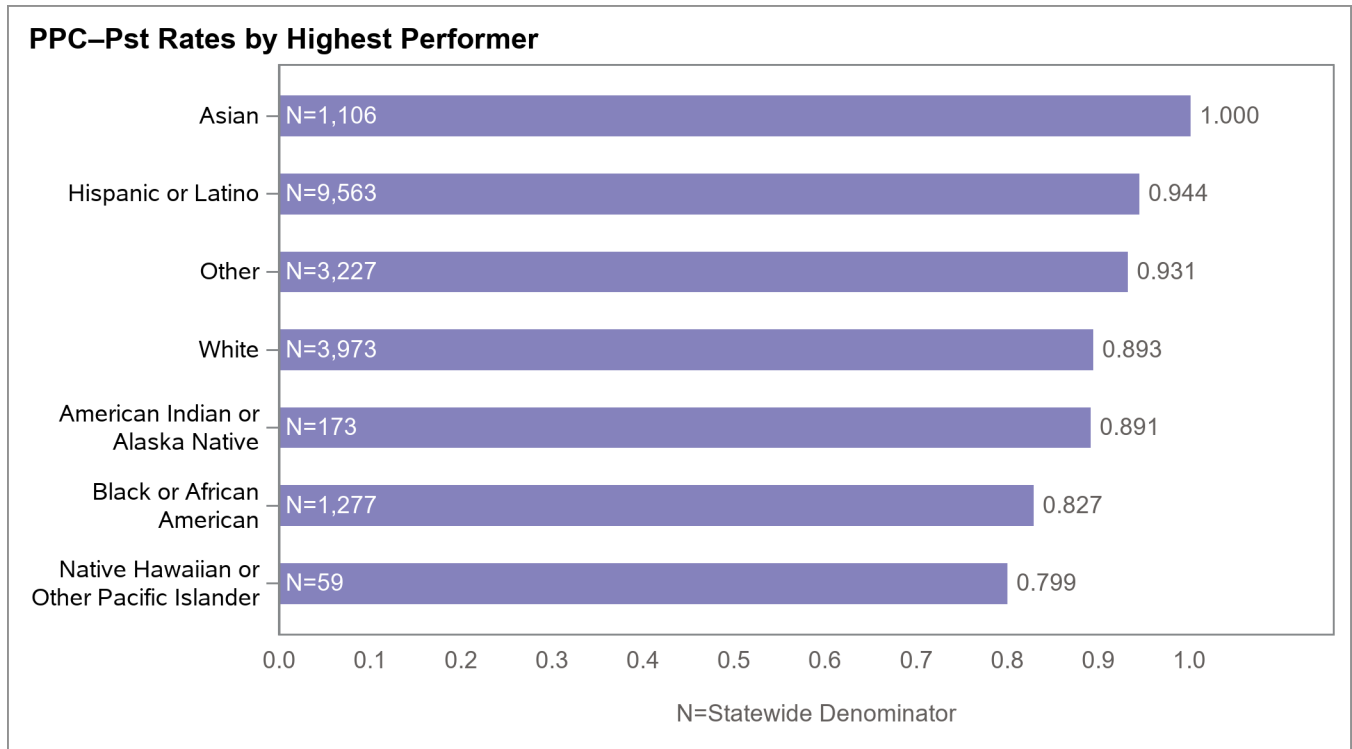
Figure A.28—Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 89.1 percent.

The rate ratio for the Unknown/Missing group was 0.984 (N=518).

PPC–Pre Rates by Highest Performer

Group	N	Rate
Asian	N=1,106	1.000
Hispanic or Latino	N=9,563	0.997
Other	N=3,227	0.992
Native Hawaiian or Other Pacific Islander	N=59	0.990
White	N=3,973	0.964
Black or African American	N=1,277	0.929
American Indian or Alaska Native	N=173	0.857

N=Statewide Denominator
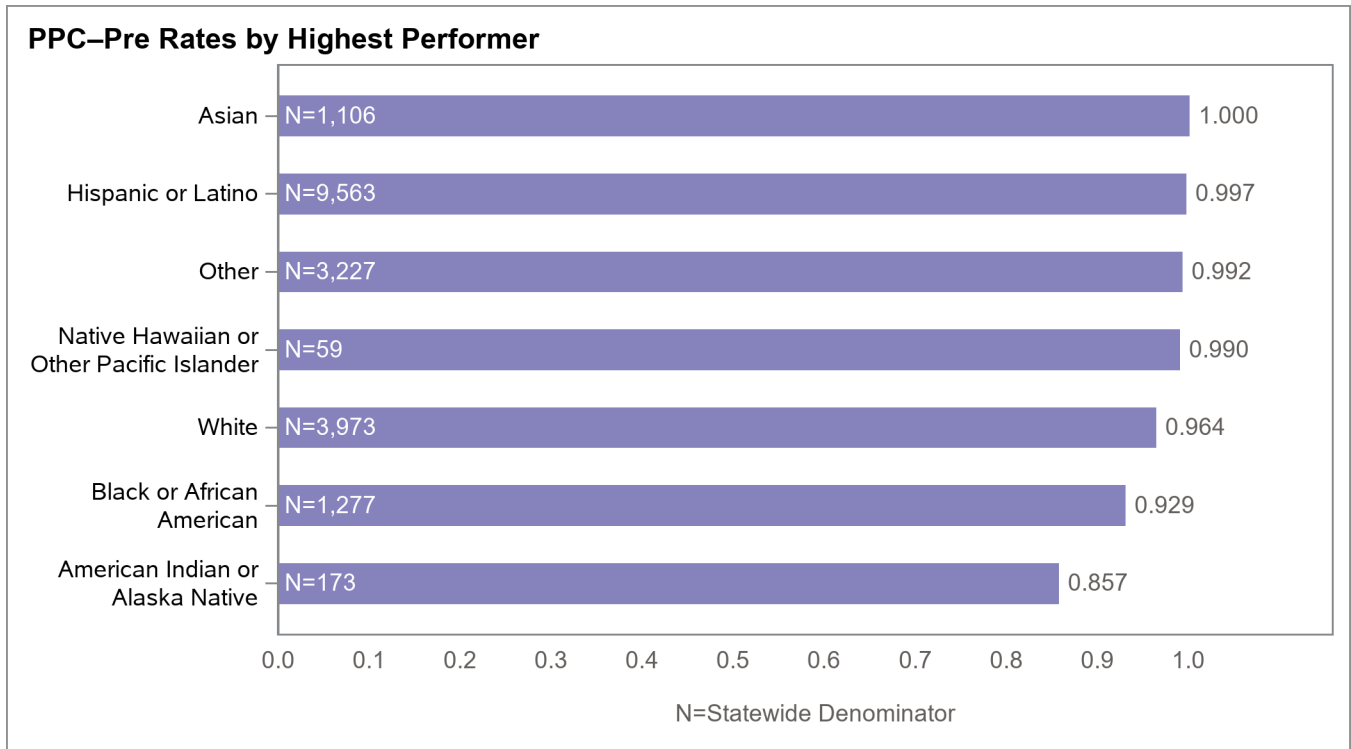
Highest Performing Racial/Ethnic Group: Behavioral Health Domain

Figure A.29—Highest Performing Group Summary: Behavioral Health Domain

Note: Within the figure, the following racial/ethnic groups have been shortened: American Indian or Alaska Native (AI/AN), Black or African American (Black), Hispanic or Latino (Latino), and Native Hawaiian or Other Pacific Islander (NH/PI).

Behavioral Health Domain
Rate Ratio from Best Performing Rates by Race/Ethnicity

Legend: ■ <0.60 ■ 0.60–0.70 ■ 0.70–0.80 ■ 0.80–0.90 ■ 0.90–1.00 ■ 1.00
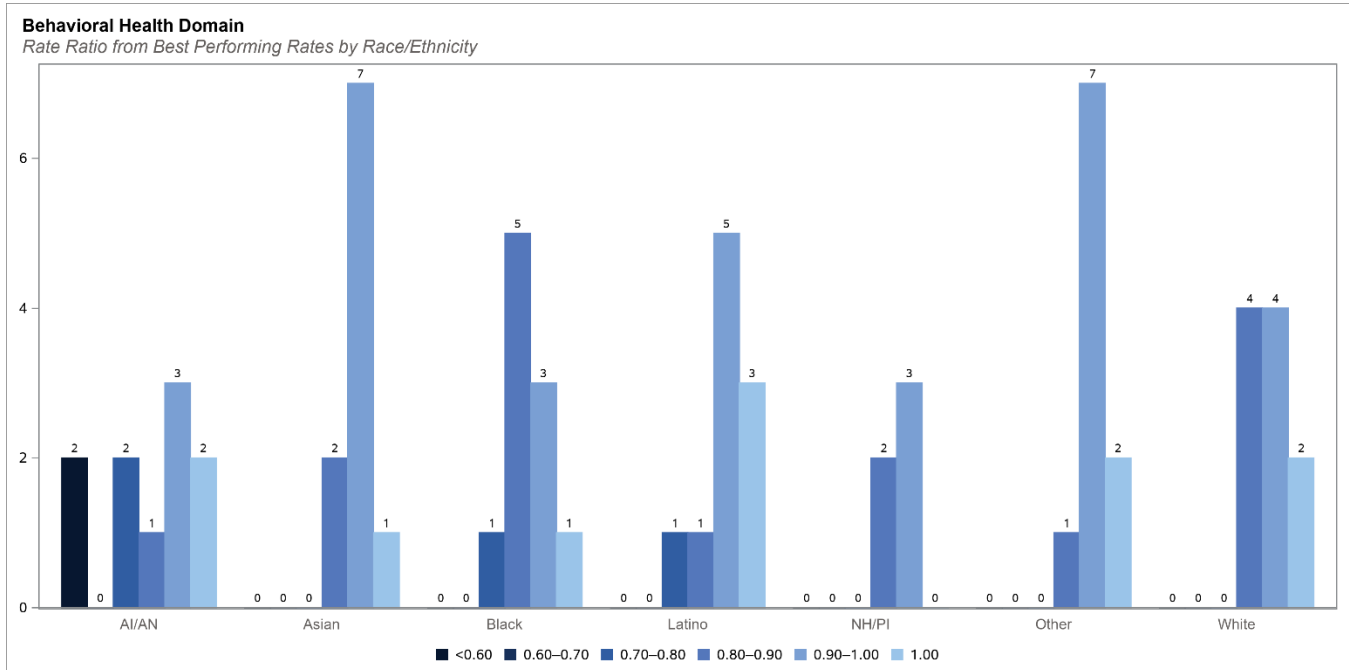
- The Hispanic or Latino racial/ethnic group had the highest performing rate for three of 10 indicators (30.0 percent) in the Behavioral Health domain, with six of the seven remaining indicator rates (85.7 percent) at 80 percent or more of the rates for the highest performing group.

- The Native Hawaiian or Other Pacific Islander racial/ethnic group did not have the highest performing rate for any indicators in the Behavioral Health domain.

- The American Indian or Alaska Native racial/ethnic group had indicator rates below 60 percent of the rates for the highest performing group for two of the 10 indicators (20.0 percent) in the Behavioral Health domain.

- For the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* indicators, all racial/ethnic groups with reportable rates were at or above 90 percent of the rate for the highest performing group.

Figure A.30—Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–Acute) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 64.8 percent. The rate ratio for the Unknown/Missing group was 0.971 (N=3,527).
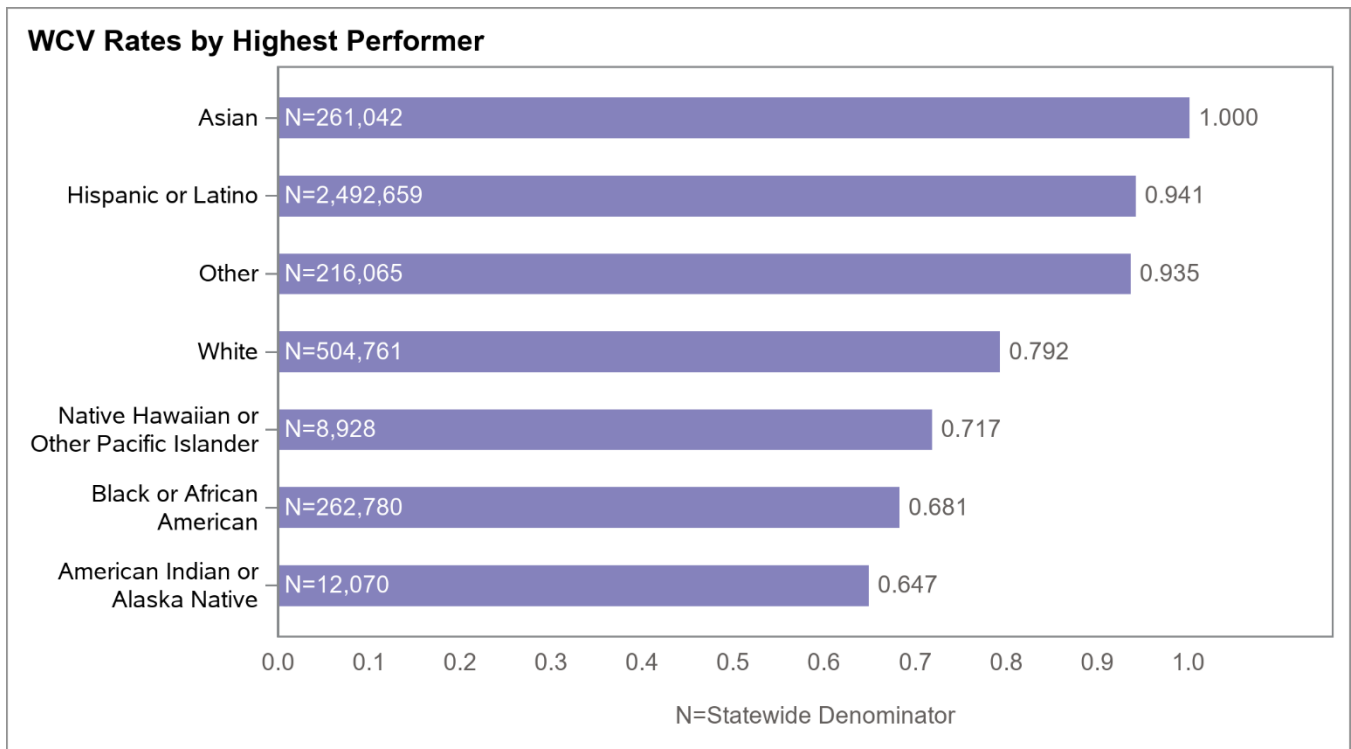
AMM–Acute Rates by Highest Performer

Group	N	Rate Ratio
White	N=30,718	1.000
Asian	N=5,780	0.984
Native Hawaiian or Other Pacific Islander	N=158	0.957
Other	N=11,408	0.943
Hispanic or Latino	N=41,888	0.879
American Indian or Alaska Native	N=664	0.866
Black or African American	N=9,975	0.829

N=Statewide Denominator
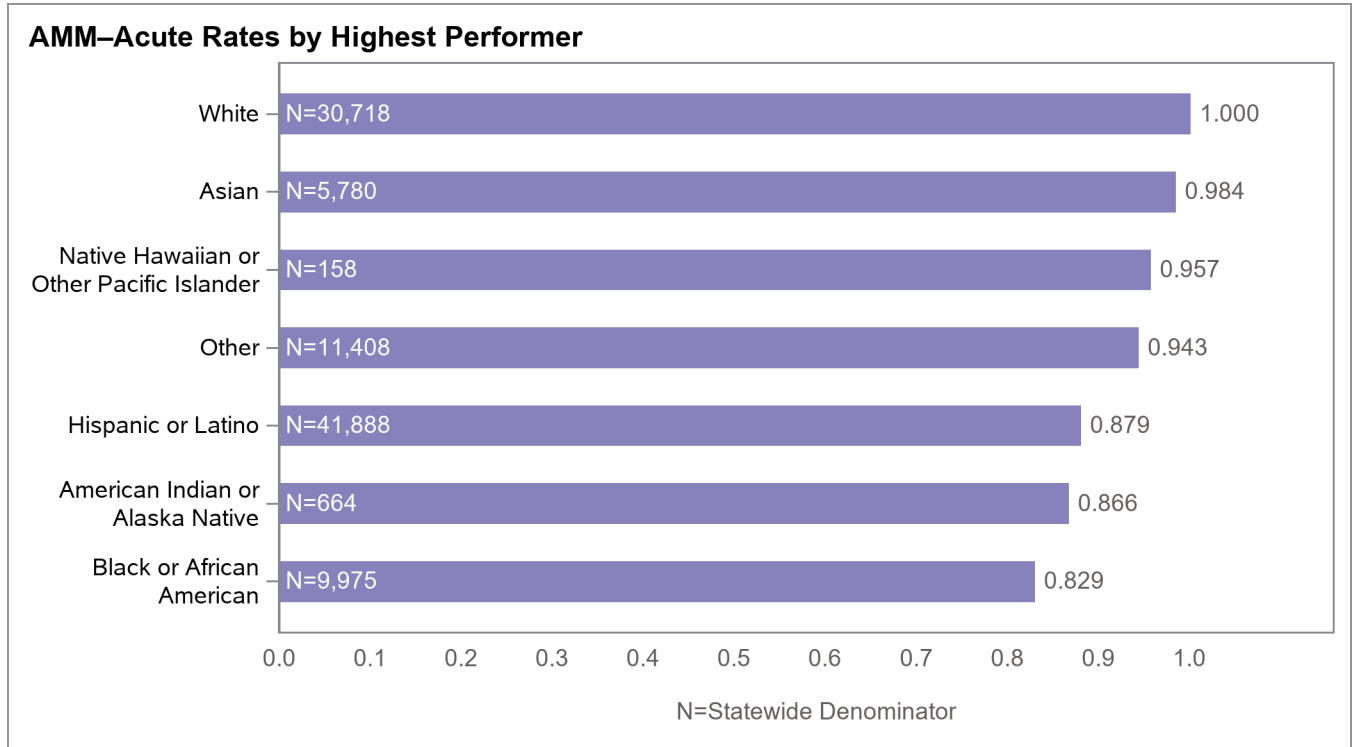
Figure A.31—Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–Cont) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 49.8 percent.

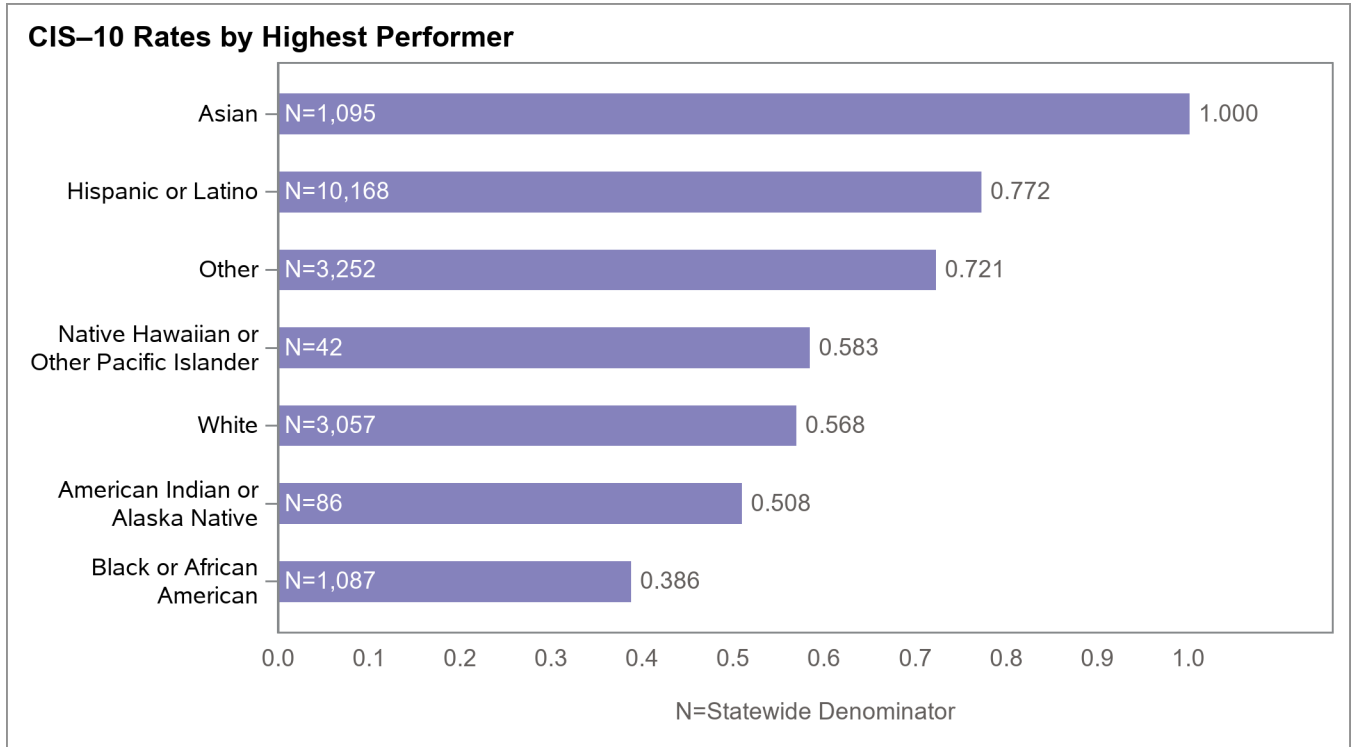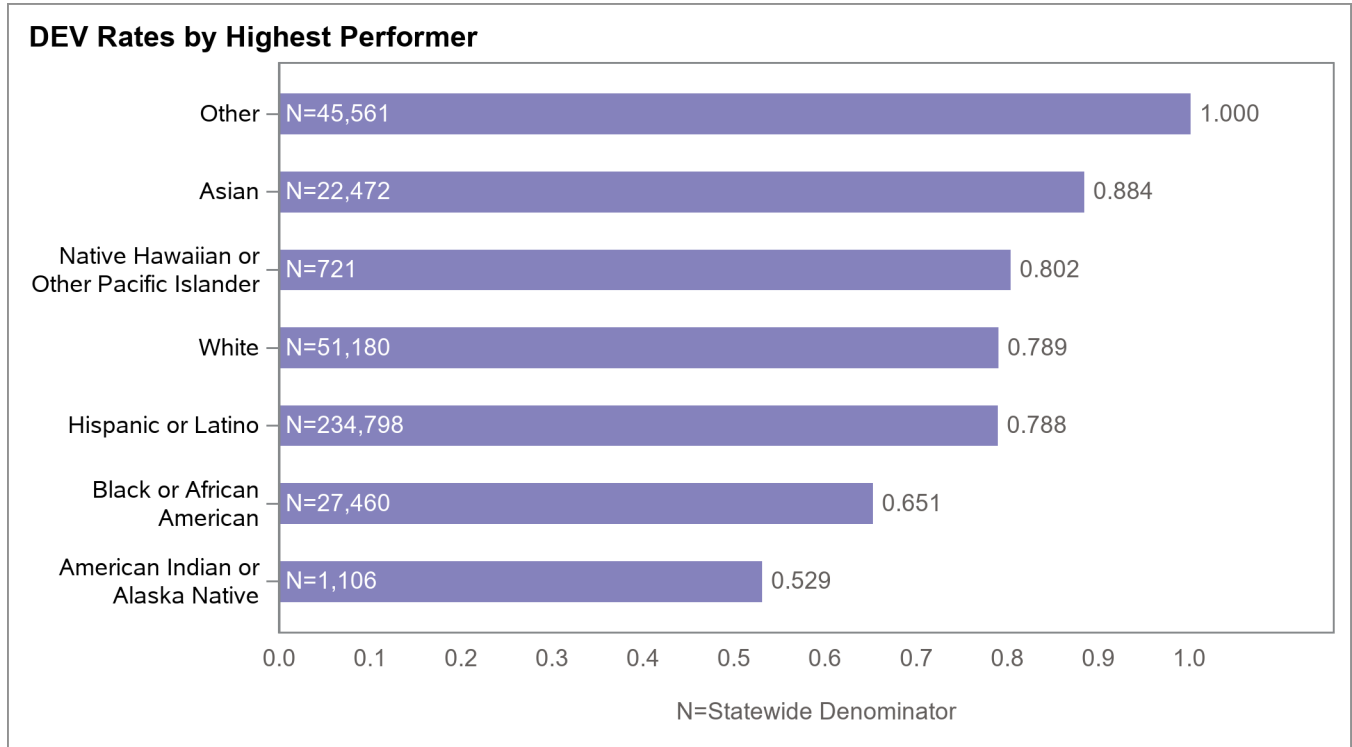The rate ratio for the Unknown/Missing group was 0.924 (N=3,527).

AMM–Cont Rates by Highest Performer

Group	N	Rate Ratio
White	N=30,718	1.000
Asian	N=5,780	0.931
Other	N=11,408	0.886
Native Hawaiian or Other Pacific Islander	N=158	0.851
American Indian or Alaska Native	N=664	0.795
Hispanic or Latino	N=41,888	0.779
Black or African American	N=9,975	0.732

N=Statewide Denominator
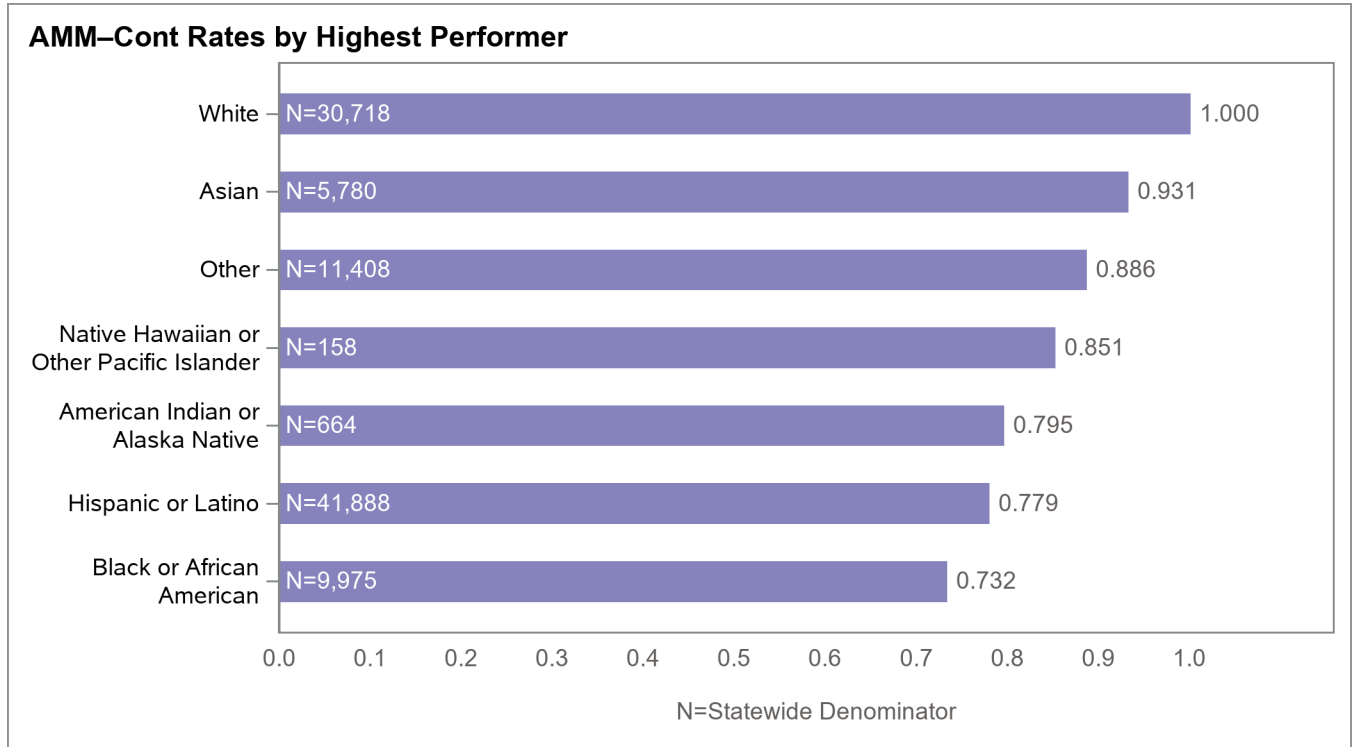
Figure A.32—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) by Highest Performing Group

Note: The highest performing group (i.e., the American Indian or Alaska Native group) had a rate of 77.1 percent.

The rate ratio for the Unknown/Missing group was 0.971 (N=3,136).

SSD Rates by Highest Performer

Group	N	Rate Ratio
American Indian or Alaska Native	N=350	1.000
White	N=16,415	0.998
Other	N=4,467	0.987
Hispanic or Latino	N=11,472	0.982
Black or African American	N=7,564	0.969
Native Hawaiian or Other Pacific Islander	N=63	0.947
Asian	N=3,197	0.930

N=Statewide Denominator
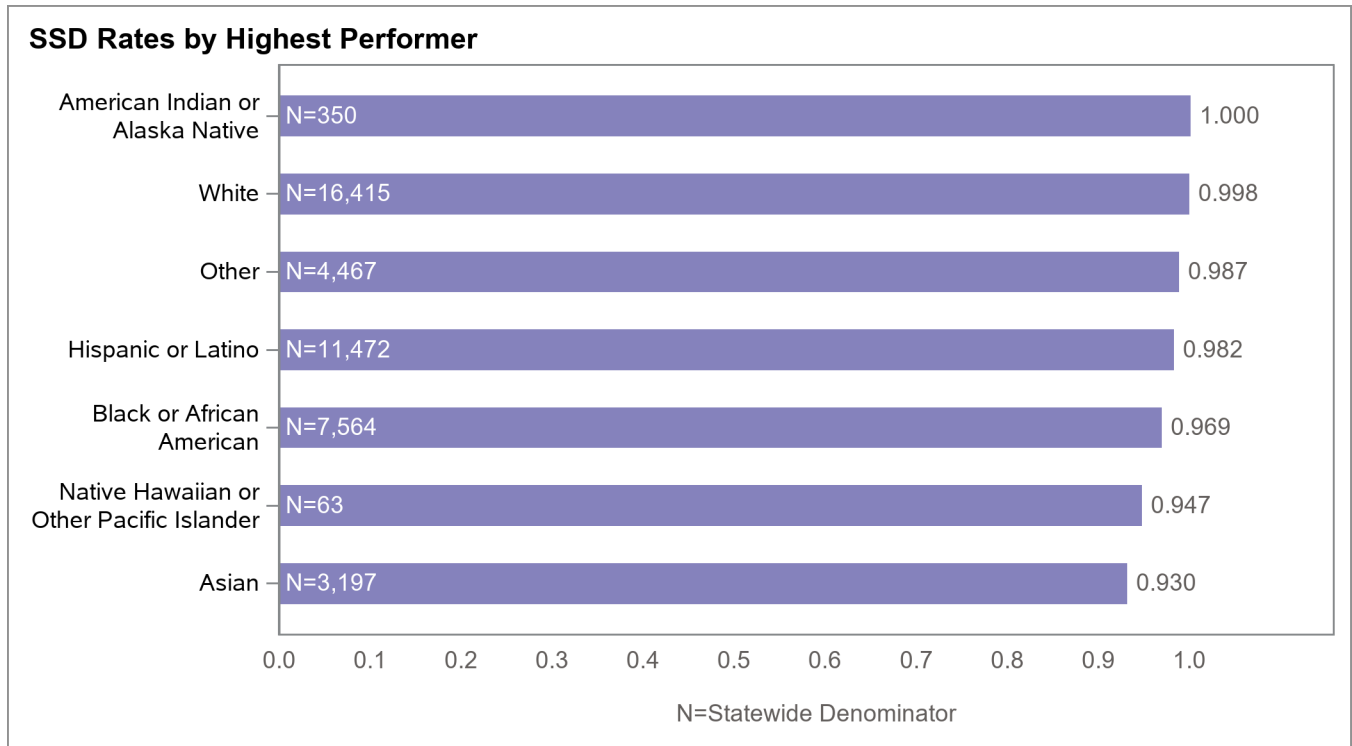
Figure A.33—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init) by Highest Performing Group

Note: The highest performing group (i.e., the American Indian or Alaska Native group) had a rate of 46.1 percent.

The rate ratio for the Unknown/Missing group was 0.942 (N=777).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

ADD–Init Rates by Highest Performer

Group	N	Rate
American Indian or Alaska Native	N=76	1.000
Asian	N=509	0.977
Hispanic or Latino	N=10,091	0.966
Other	N=834	0.956
White	N=4,475	0.937
Black or African American	N=2,140	0.925
Native Hawaiian or Other Pacific Islander	NA	

N=Statewide Denominator
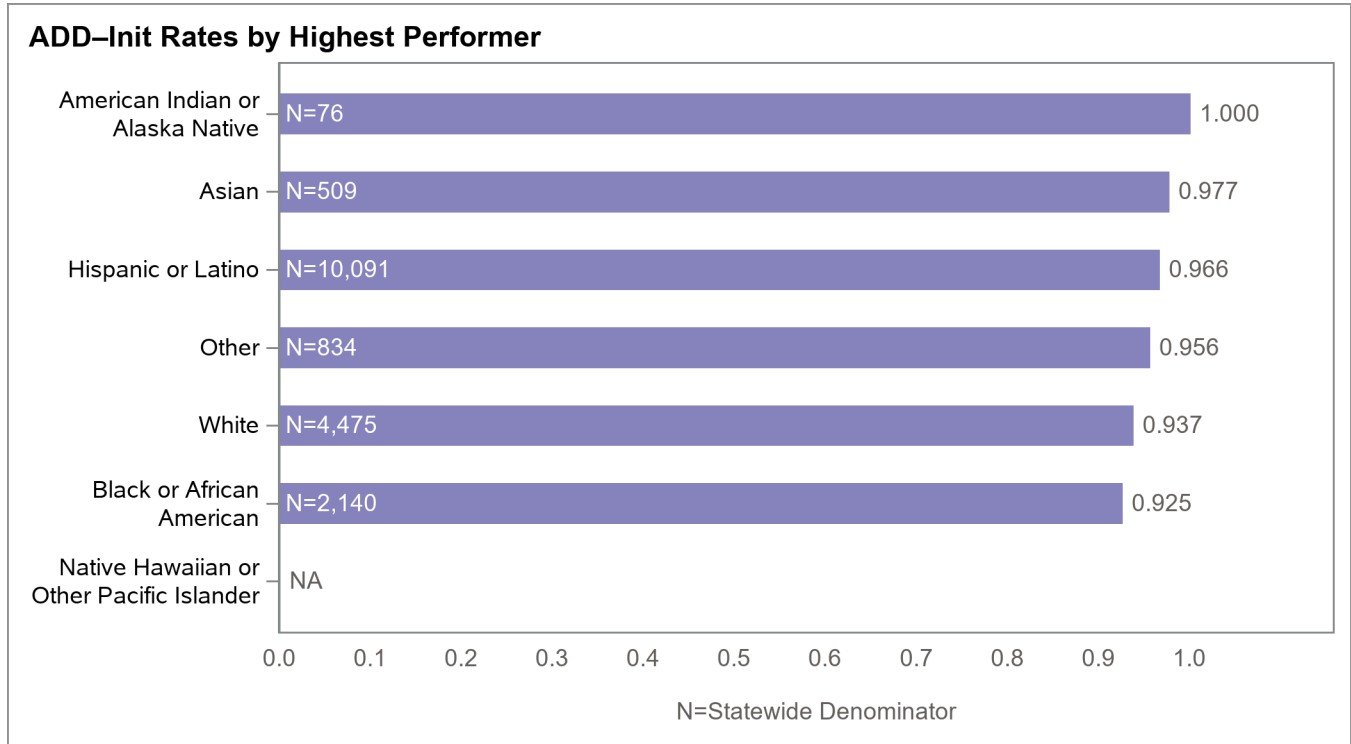
Figure A.34—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) by Highest Performing Group

Note: The highest performing group (i.e., the Black or African American group) had a rate of 51.7 percent.

The rate ratio for the Unknown/Missing group was 1.006 (N=204).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

ADD–C&M Rates by Highest Performer

Group	N	Rate Ratio
Black or African American	N=424	1.000
Hispanic or Latino	N=1,809	0.979
Asian	N=100	0.968
White	N=1,294	0.907
Other	N=193	0.903
American Indian or Alaska Native	N=30	0.710
Native Hawaiian or Other Pacific Islander		NA

N=Statewide Denominator
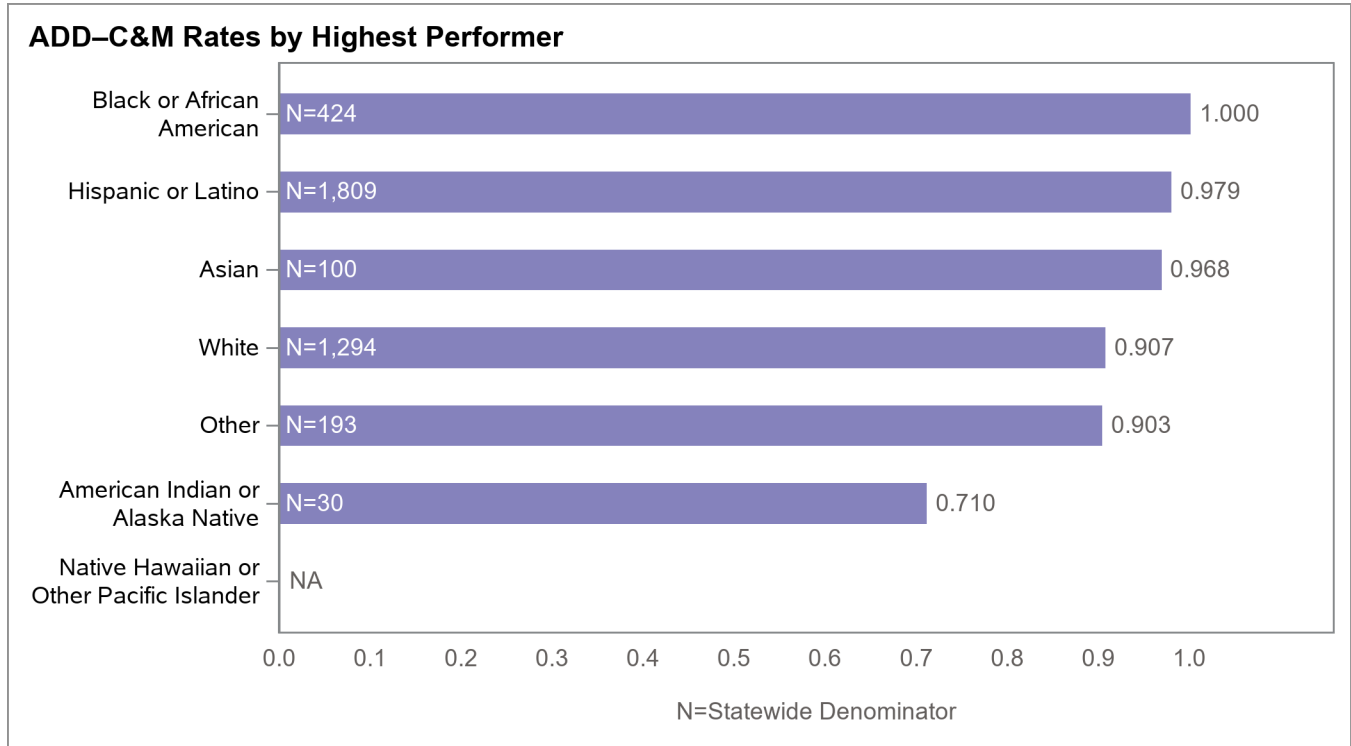
Figure A.35—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 58.2 percent.
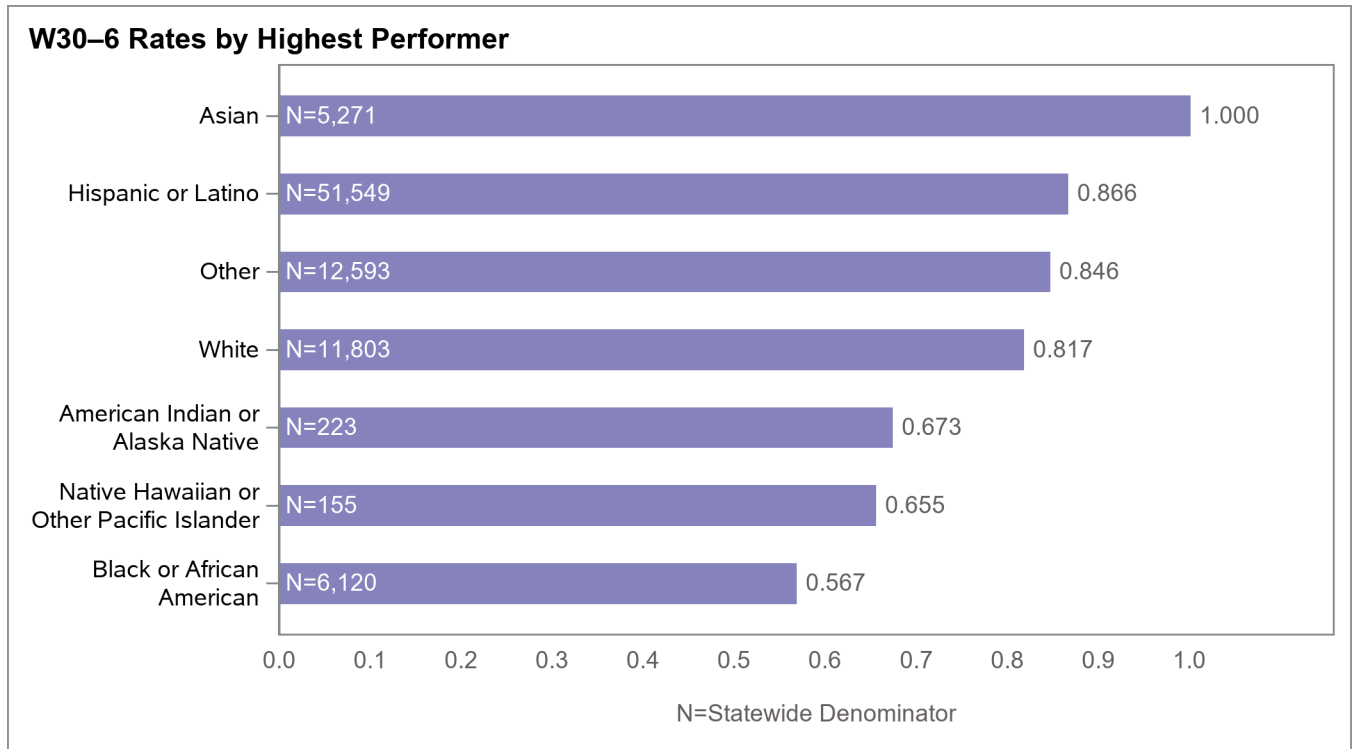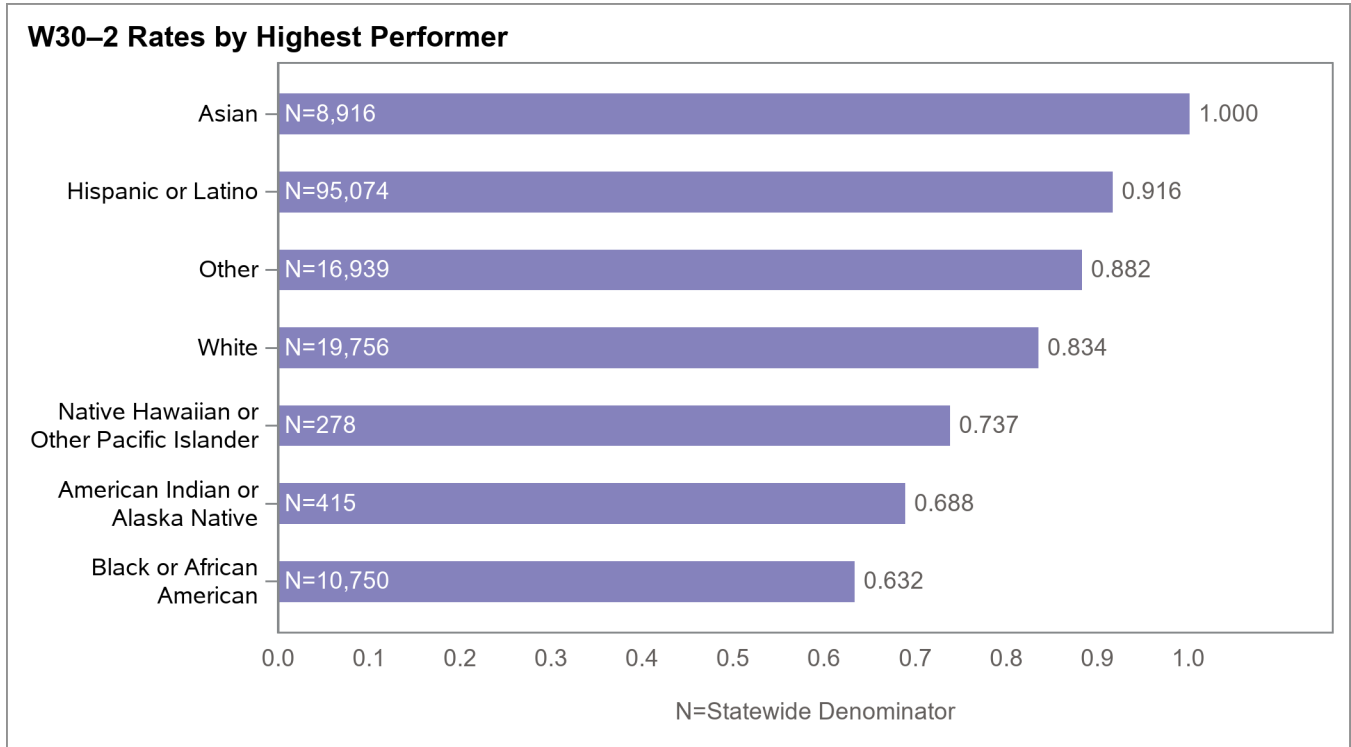
The rate ratio for the Unknown/Missing group was 0.915 (N=364).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

APM–B Rates by Highest Performer

Group	N	Rate
Hispanic or Latino	N=3,209	1.000
Other	N=405	0.962
American Indian or Alaska Native	N=73	0.941
White	N=2,524	0.937
Black or African American	N=740	0.884
Asian	N=342	0.808
Native Hawaiian or Other Pacific Islander		NA

N=Statewide Denominator
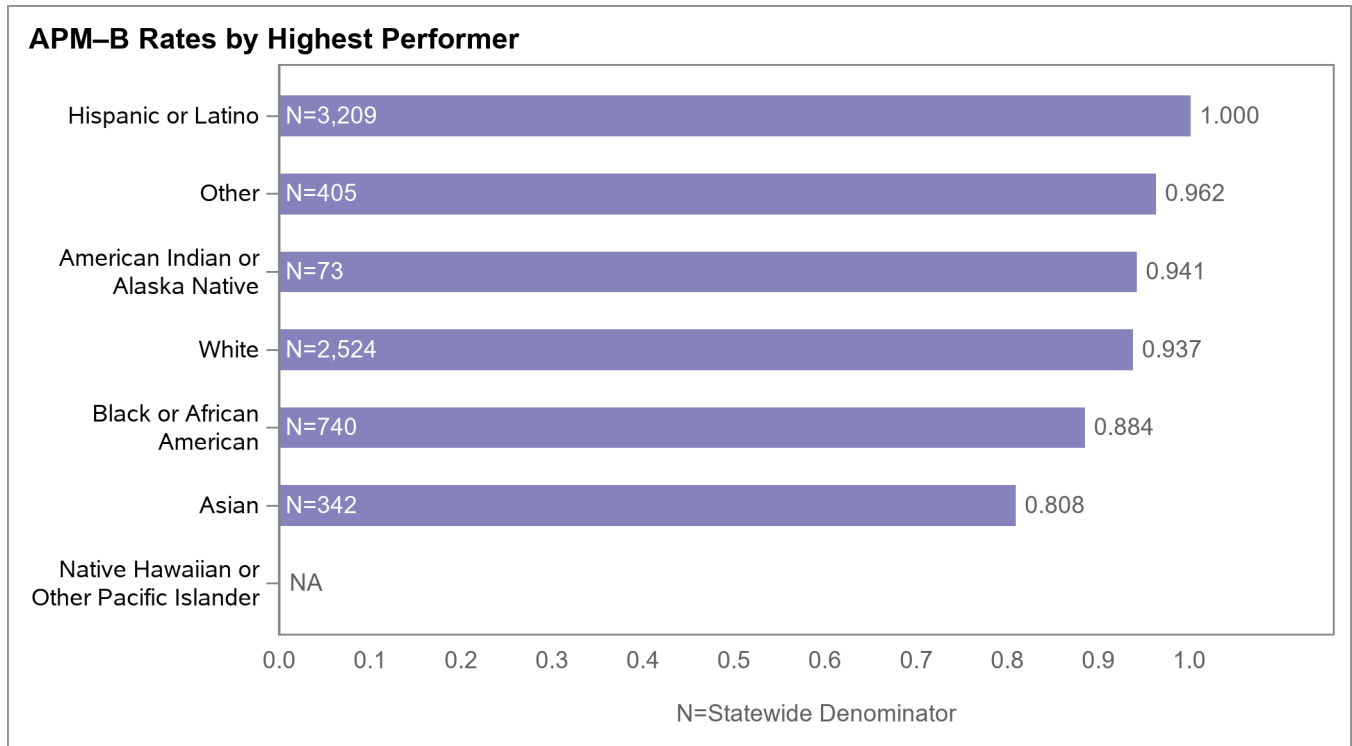
Figure A.36—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 41.7 percent.

The rate ratio for the Unknown/Missing group was 0.922 (N=364).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

APM–C Rates by Highest Performer

Group	N	Rate
Other	N=405	1.000
Hispanic or Latino	N=3,209	1.000
American Indian or Alaska Native	N=73	0.952
Asian	N=342	0.939
Black or African American	N=740	0.897
White	N=2,524	0.861
Native Hawaiian or Other Pacific Islander	NA	

N=Statewide Denominator
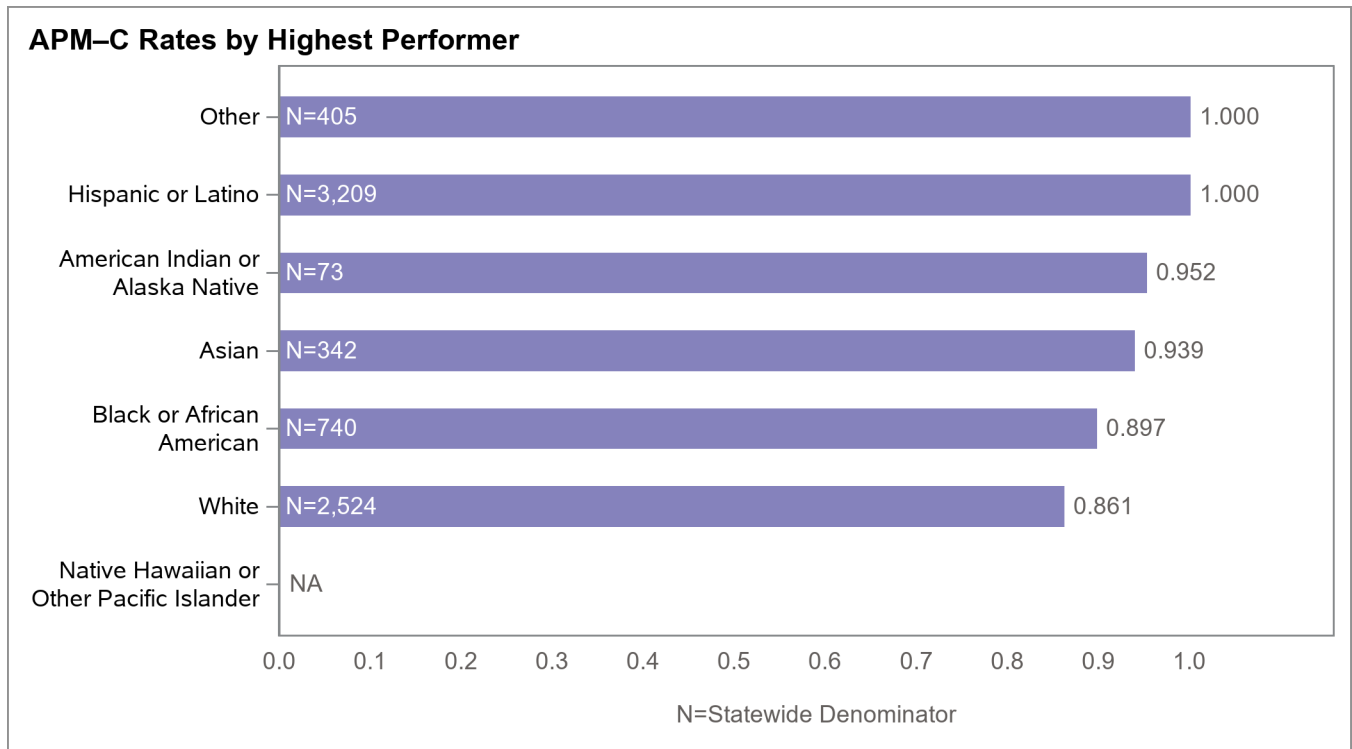
Figure A.37—Metabolic Monitoring for Children and Adolescents on Antipsychotics— Blood Glucose and Cholesterol Testing—Total (APM–BC) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 40.4 percent.

The rate ratio for the Unknown/Missing group was 0.883 (N=364).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

APM–BC Rates by Highest Performer

Group	N	Rate Ratio
Hispanic or Latino	N=3,209	1.000
Other	N=405	0.964
American Indian or Alaska Native	N=73	0.948
Asian	N=342	0.933
Black or African American	N=740	0.865
White	N=2,524	0.860
Native Hawaiian or Other Pacific Islander	NA	

N=Statewide Denominator
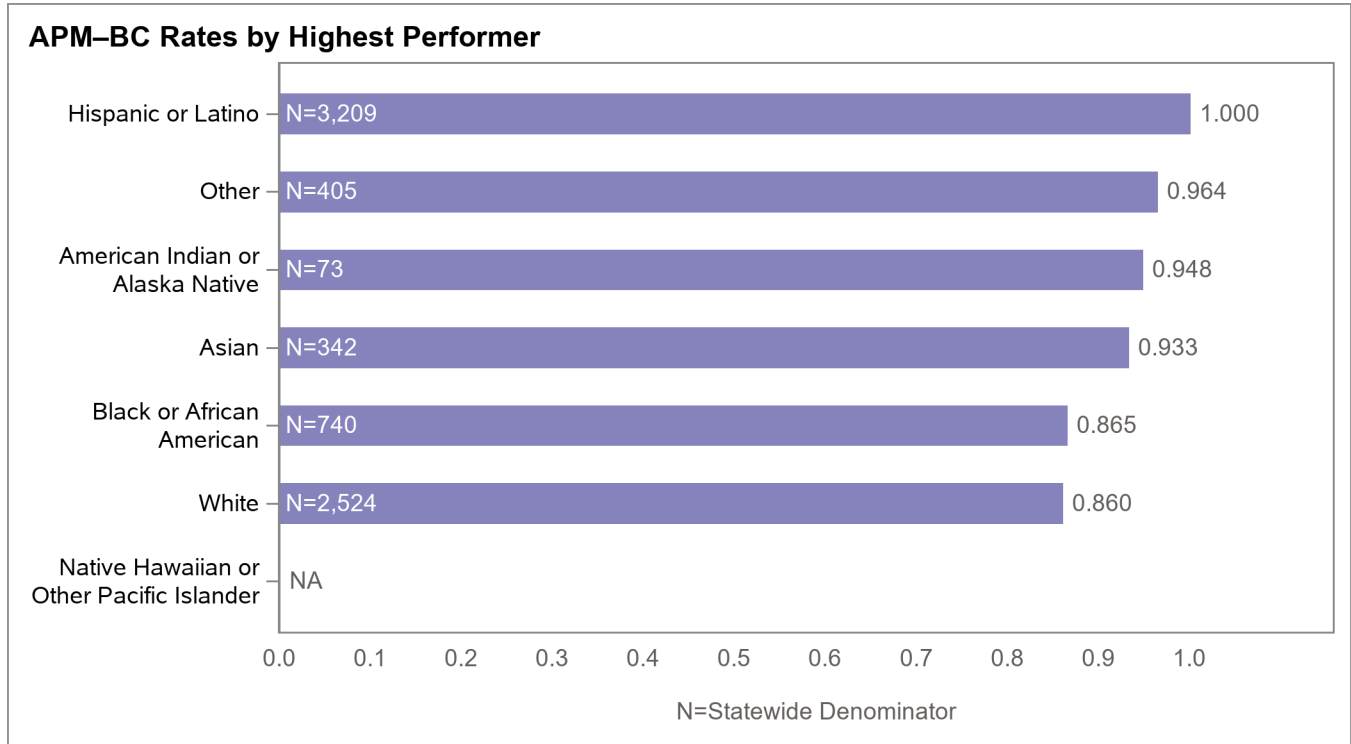
Figure A.38—Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF–1217) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 19.0 percent.

The rate ratio for the Unknown/Missing group was 1.107 (N=20,151).

CDF–1217 Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=64,179	1.000
Other	N=38,372	0.988
Hispanic or Latino	N=595,002	0.975
Black or African American	N=46,641	0.921
Native Hawaiian or Other Pacific Islander	N=1,750	0.883
White	N=112,141	0.850
American Indian or Alaska Native	N=2,126	0.477

N=Statewide Denominator
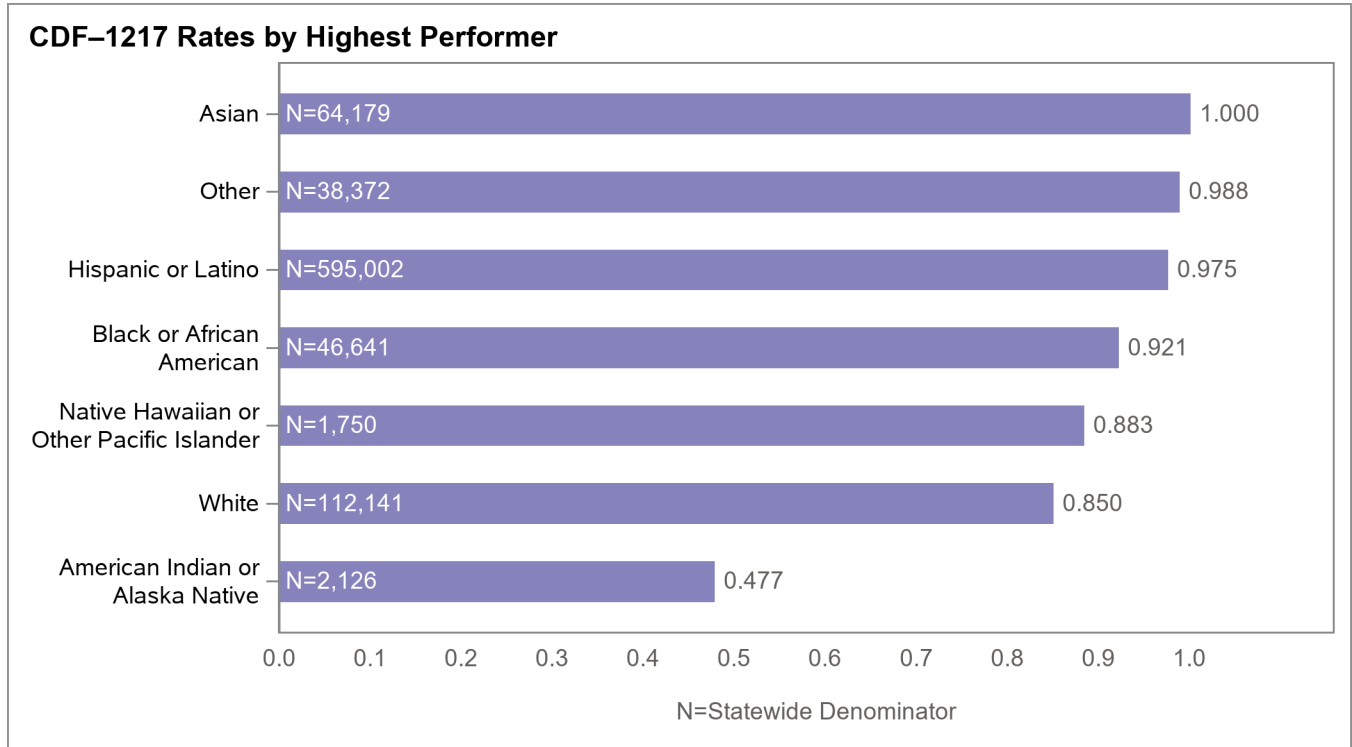
Figure A.39—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF–18+) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 12.9 percent.

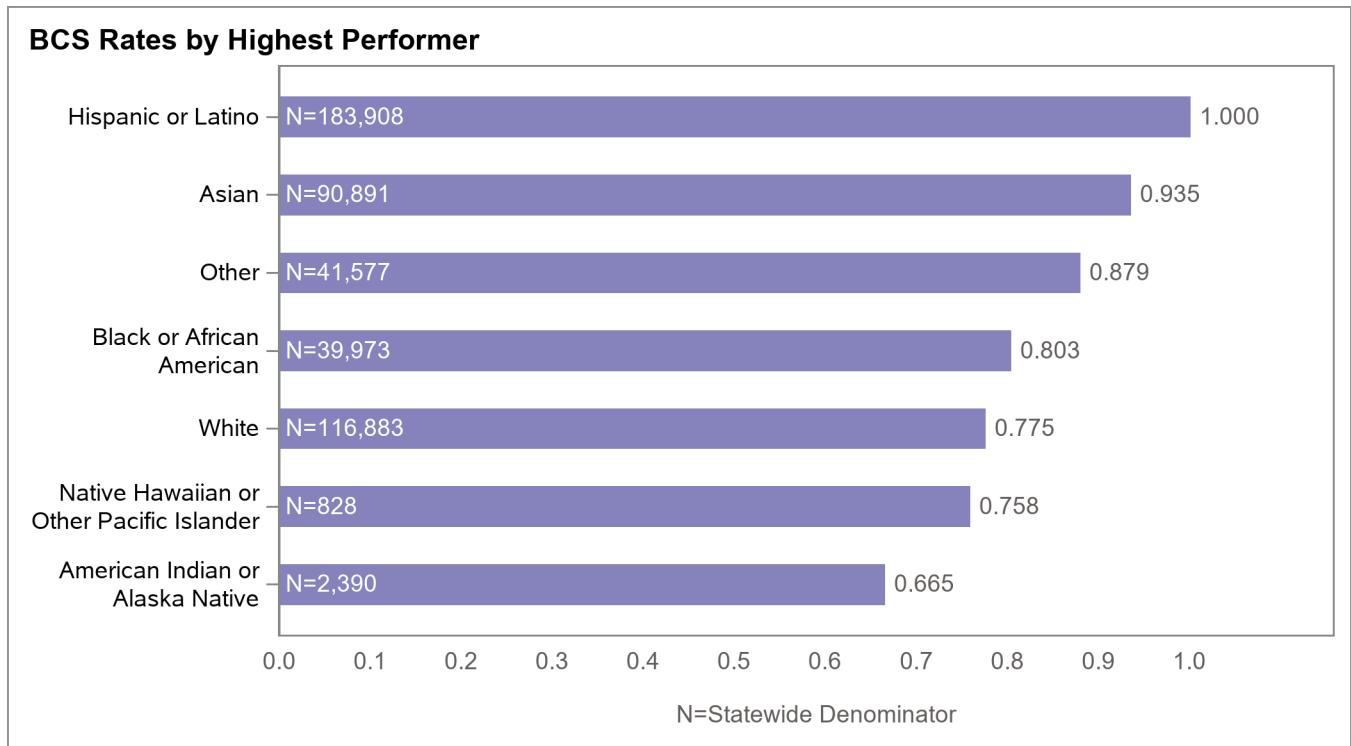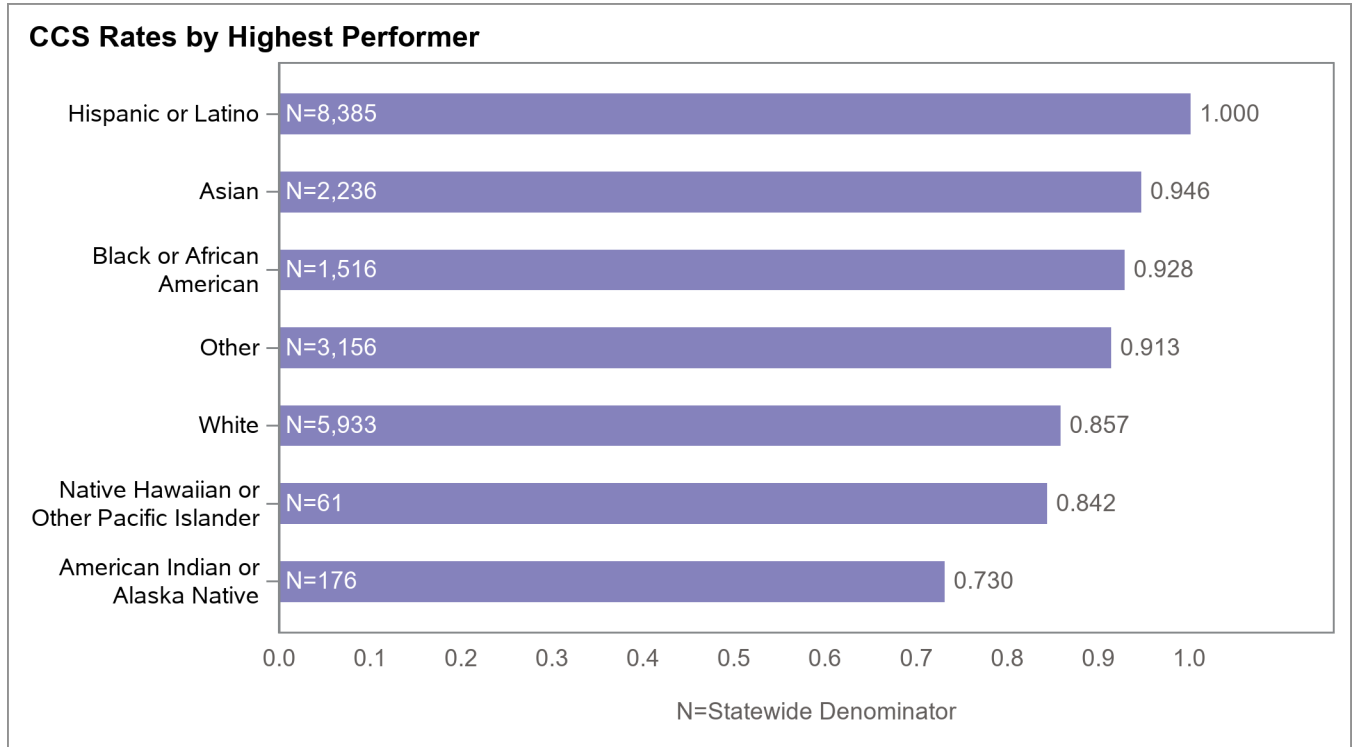The rate ratio for the Unknown/Missing group was 0.915 (N=124,620).

CDF–18+ Rates by Highest Performer

Group	N (Statewide Denominator)	Rate Ratio
Other	N=334,914	1.000
Native Hawaiian or Other Pacific Islander	N=6,393	0.990
Hispanic or Latino	N=1,441,635	0.917
White	N=686,198	0.860
Black or African American	N=259,138	0.853
Asian	N=390,094	0.802
American Indian or Alaska Native	N=13,109	0.580

N=Statewide Denominator
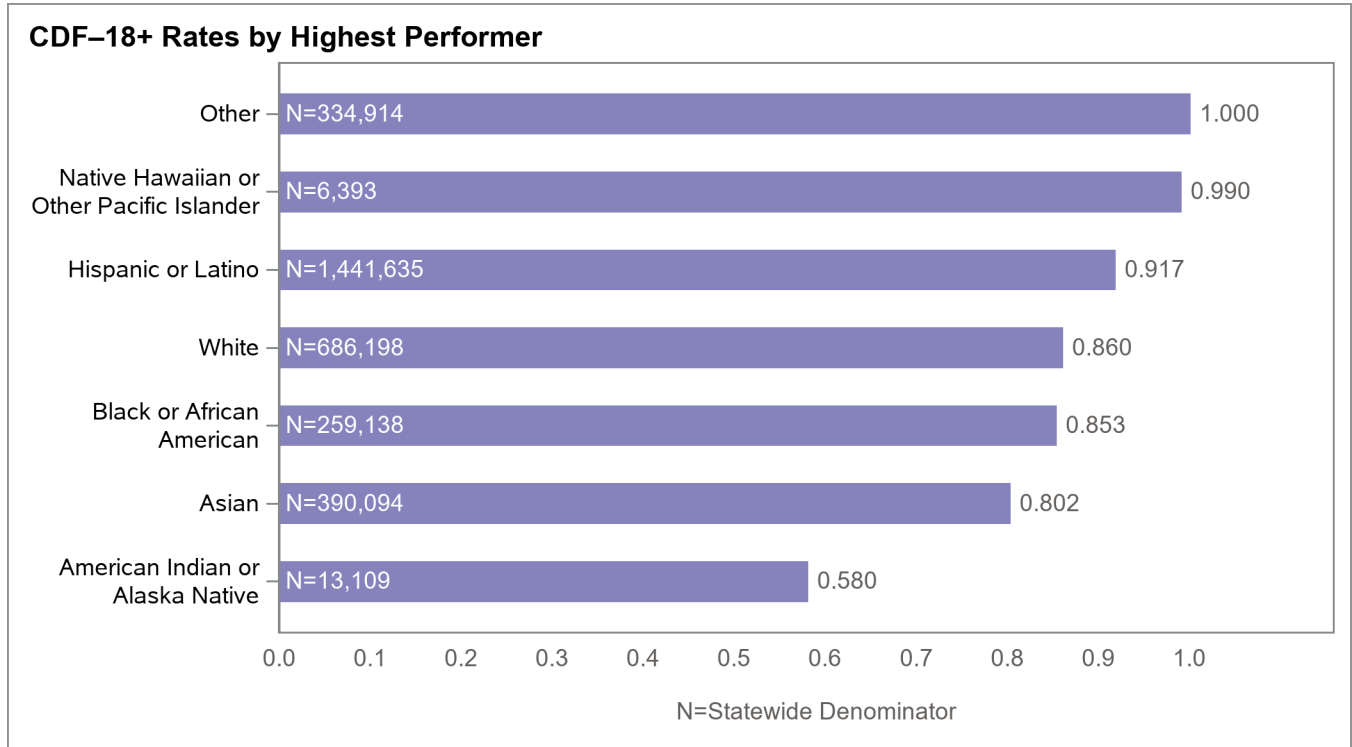
Highest Performing Racial/Ethnic Group: Acute and Chronic Disease Management Domain

Figure A.40—Highest Performing Group Summary: Acute and Chronic Disease Management Domain

Note: Within the figure, the following racial/ethnic groups have been shortened: American Indian or Alaska Native (AI/AN), Black or African American (Black), Hispanic or Latino (Latino), and Native Hawaiian or Other Pacific Islander (NH/PI).
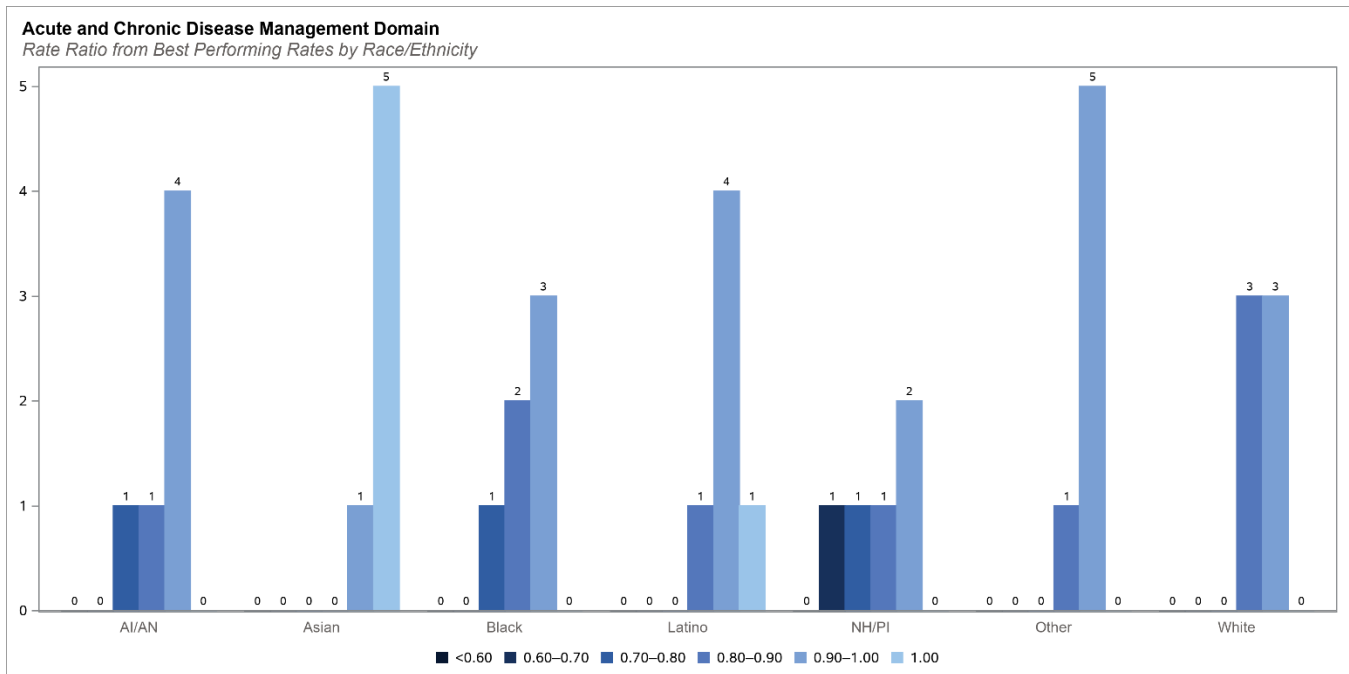
- The Asian racial/ethnic group had the highest performing rate for five of six indicators (83.3 percent) in the Acute and Chronic Disease Management domain, with the only remaining indicator rate at 90 percent or more of the rate for the highest performing group.

- The following racial/ethnic groups did not have the highest performing rate for any indicators in the Acute and Chronic Disease Management domain:

  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - Other
  - White

- The Native Hawaiian or Other Pacific Islander racial/ethnic group had indicator rates below 70 percent of the rates for the highest performing group for one of the five indicators (20.0 percent) in the Acute and Chronic Disease Management domain.

- No racial/ethnic groups had any indicator rates in the Acute and Chronic Disease Management domain that were below 60 percent of the rate for the highest performing group.

♦ For the *Use of Opioids at High Dosage in Persons Without Cancer* and *Plan All-Cause Readmissions—Observed Readmission Rate—Total* indicators, all racial/ethnic groups with reportable rates were at or above 90 percent of the rate for the highest performing group.

Figure A.41—Asthma Medication Ratio—Total (AMR) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 71.2 percent.

The rate ratio for the Unknown/Missing group was 0.928 (N=3,807).
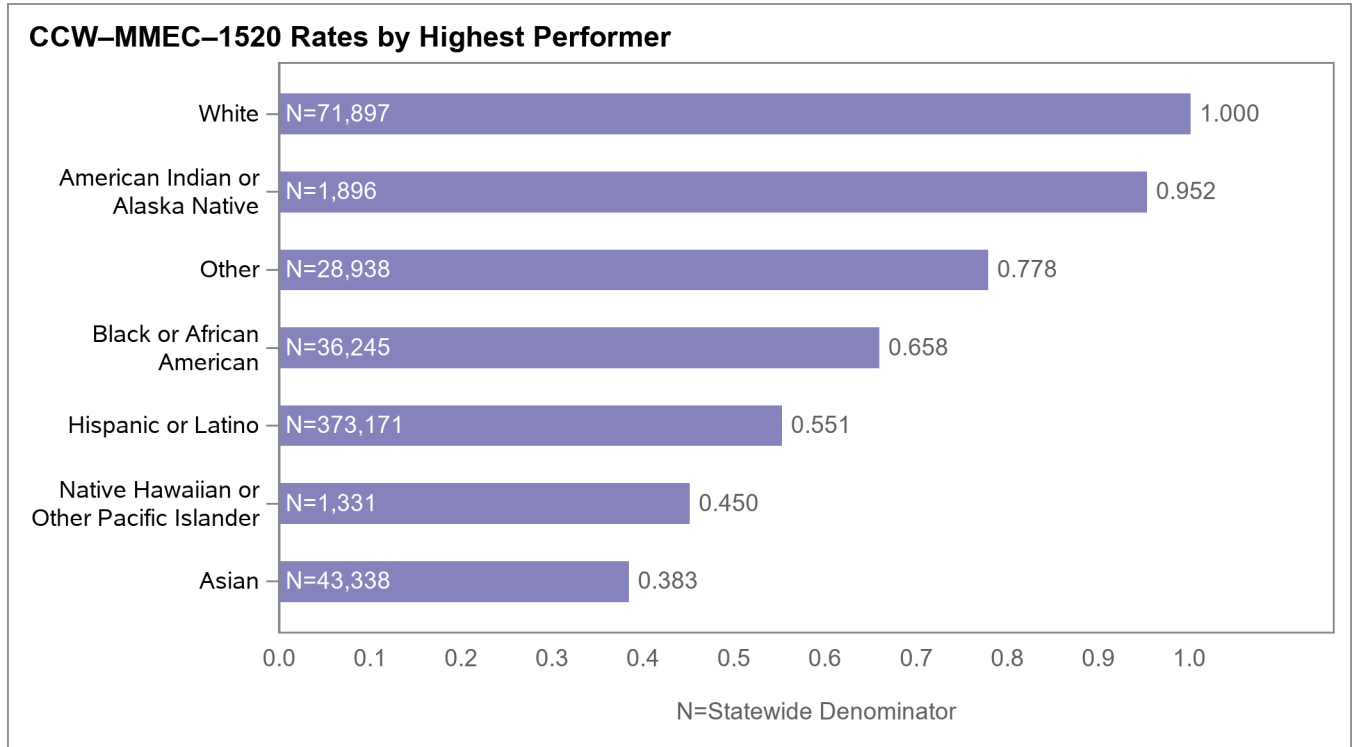

AMR Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=8,035	1.000
Hispanic or Latino	N=50,776	0.930
Other	N=7,500	0.916
American Indian or Alaska Native	N=560	0.870
Native Hawaiian or Other Pacific Islander	N=239	0.846
White	N=22,209	0.838
Black or African American	N=13,112	0.831

N=Statewide Denominator
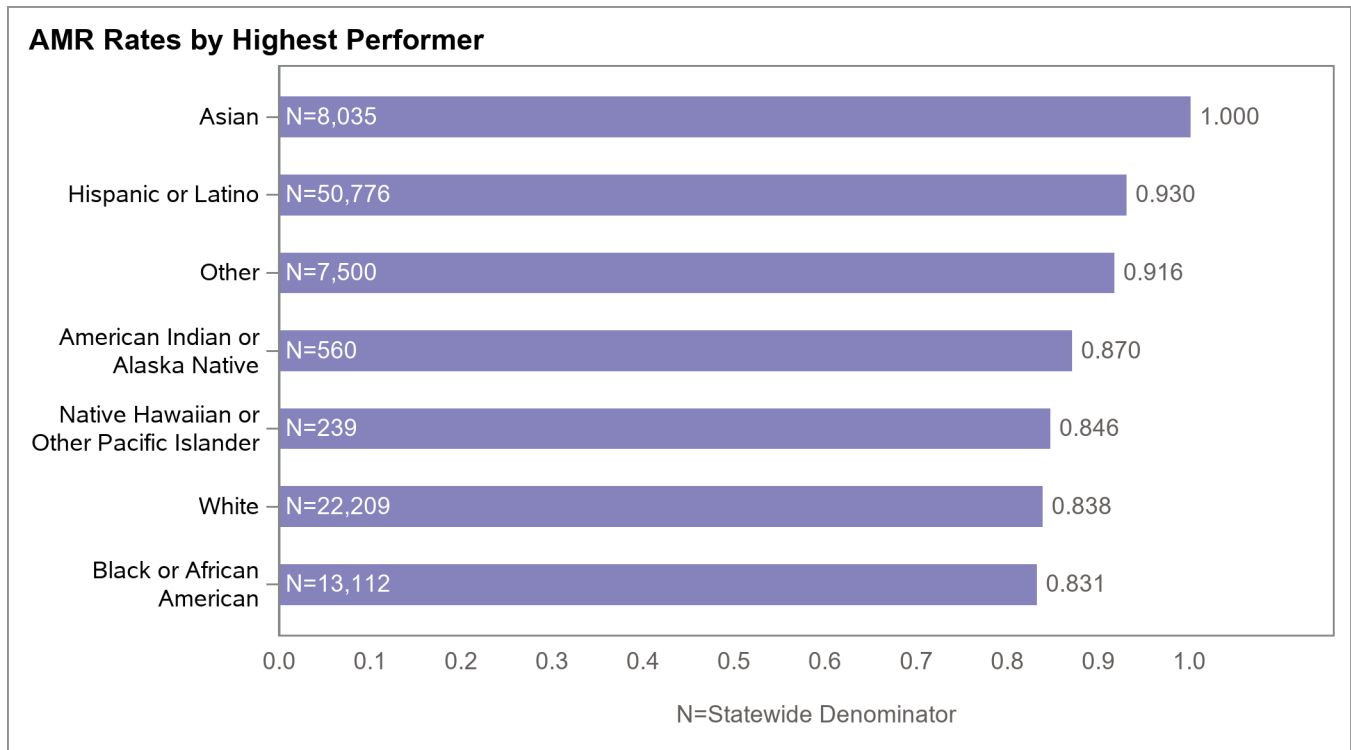
Figure A.42—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9) by Highest Performing Group

A lower rate indicates more favorable performance for this indicator.

Note: The highest performing group (i.e., the Asian group) had a rate of 33.0 percent. The rate ratio for the Unknown/Missing group was 0.903 (N=767).

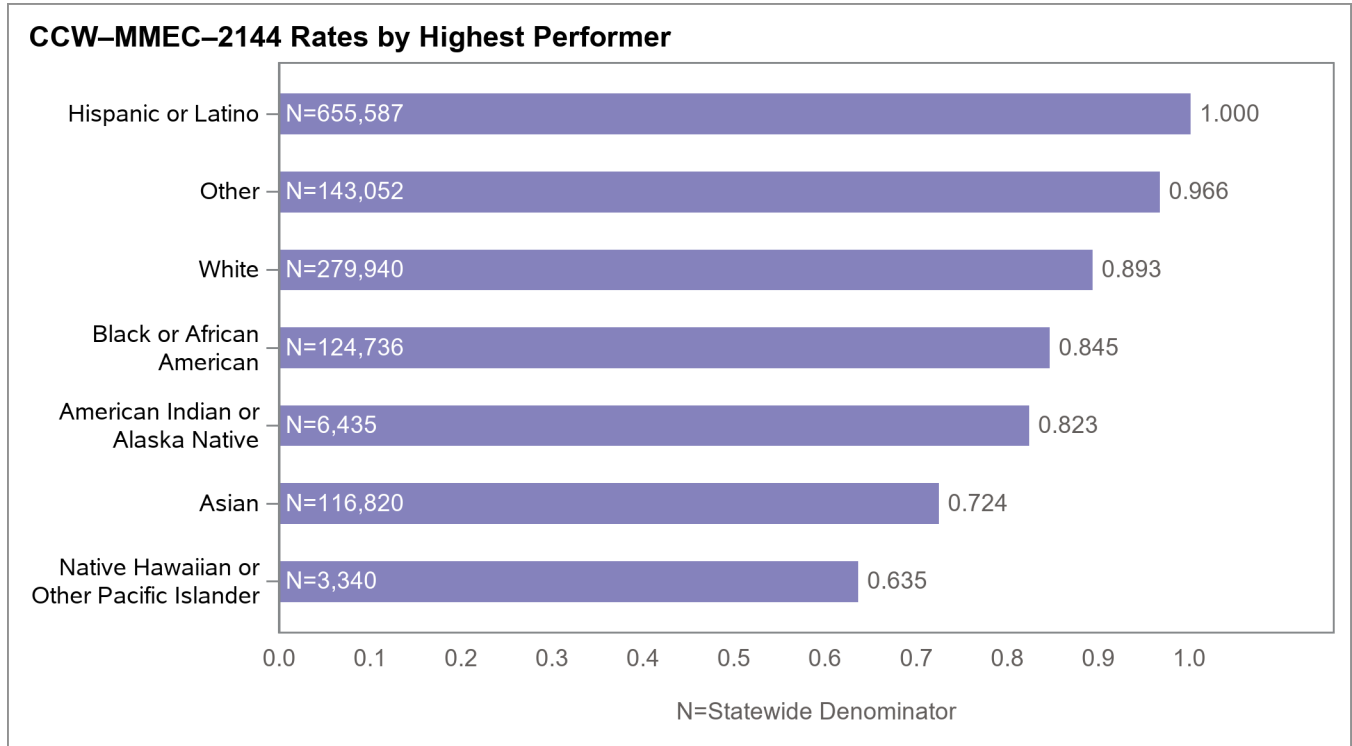**CDC–H9 Rates by Highest Performer**

Group	N	Rate Ratio
Asian	N=2,777	1.000
Other	N=2,579	0.881
White	N=4,662	0.873
Hispanic or Latino	N=9,198	0.869
Black or African American	N=1,478	0.799
American Indian or Alaska Native	N=236	0.765
Native Hawaiian or Other Pacific Islander	N=76	0.648

N=Statewide Denominator
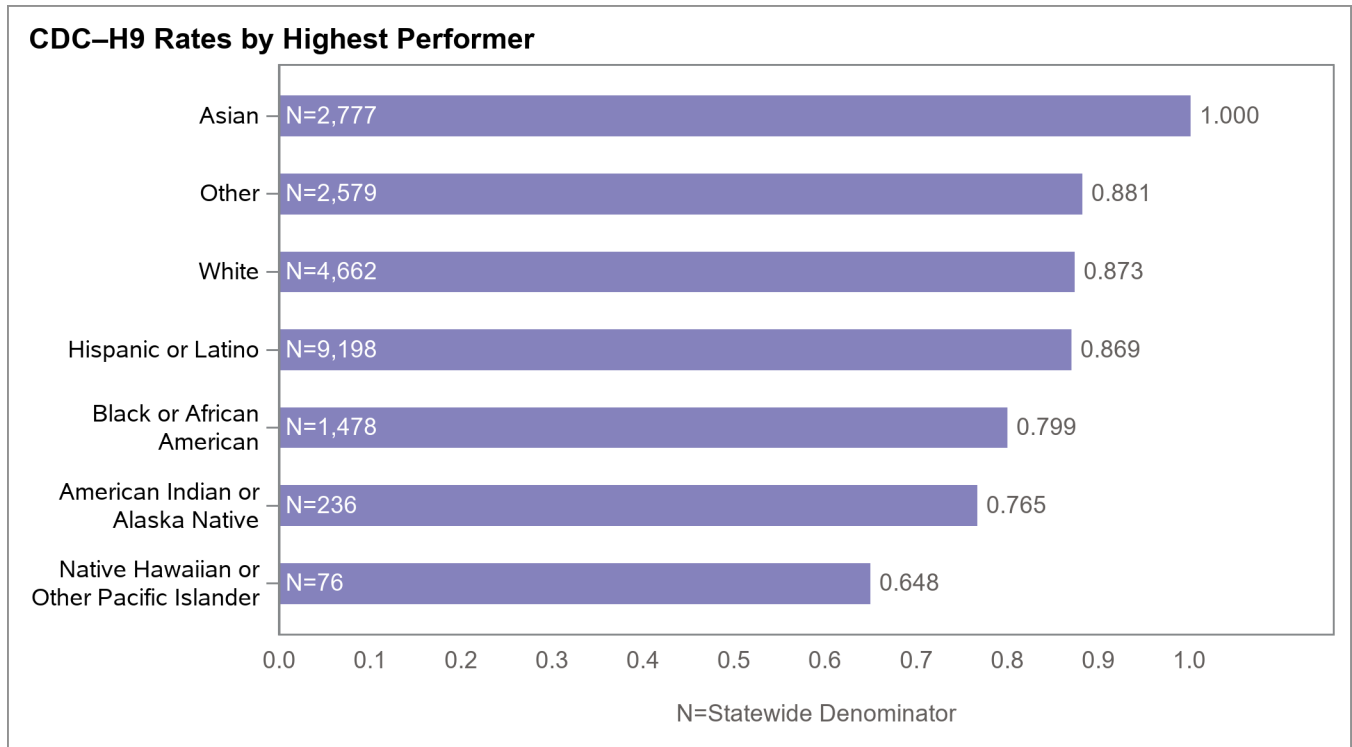
Figure A.43—Controlling High Blood Pressure (CBP) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 59.6 percent.

The rate ratio for the Unknown/Missing group was 0.965 (N=912).

CBP Rates by Highest Performer

Group	N	Rate Ratio
Hispanic or Latino	N=7,849	1.000
White	N=5,955	0.945
Other	N=2,597	0.926
American Indian or Alaska Native	N=145	0.925
Asian	N=3,347	0.923
Black or African American	N=1,946	0.831
Native Hawaiian or Other Pacific Islander	N=67	0.776

N=Statewide Denominator
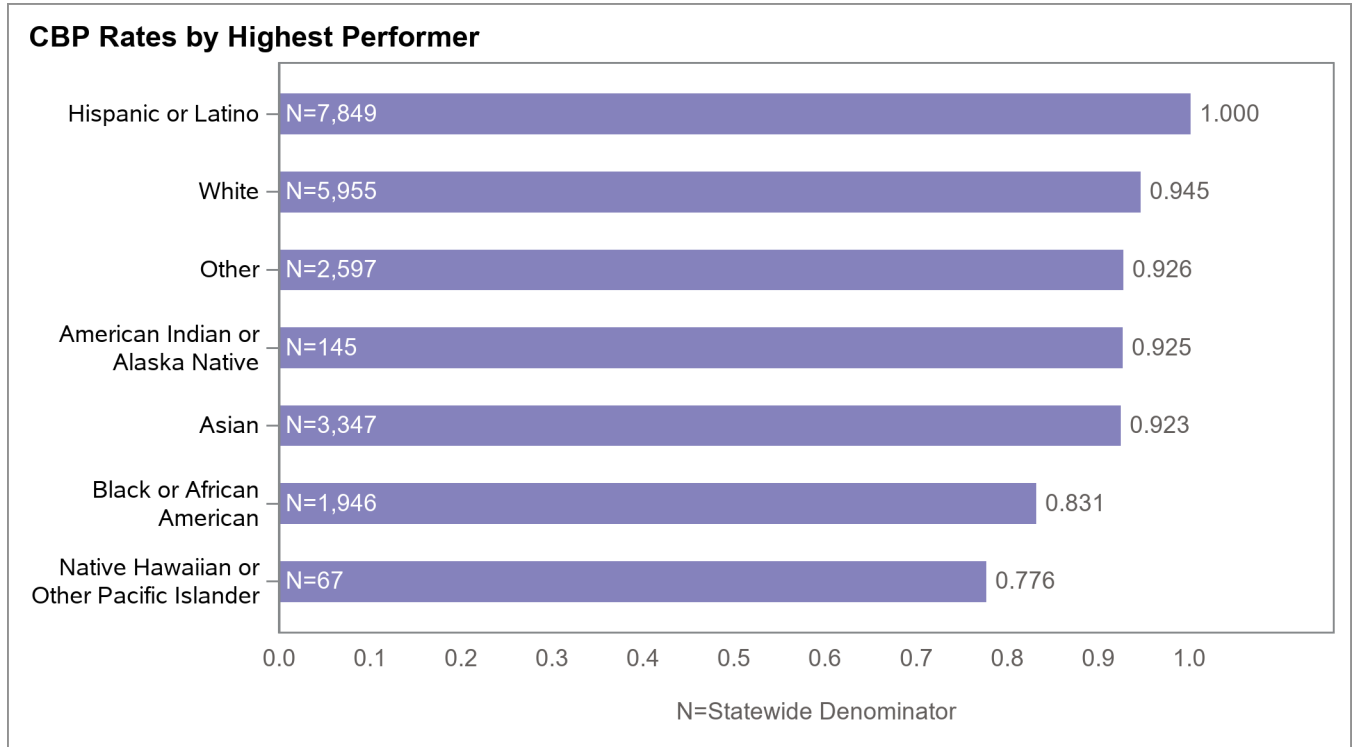
Figure A.44—Concurrent Use of Opioids and Benzodiazepines (COB) by Highest Performing Group

A lower rate indicates more favorable performance for this indicator.

Note: The highest performing group (i.e., the Asian group) had a rate of 5.8 percent.

The rate ratio for the Unknown/Missing group was 0.920 (N=6,534).

COB Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=7,000	1.000
Native Hawaiian or Other Pacific Islander	N=280	0.998
Hispanic or Latino	N=53,438	0.960
Black or African American	N=29,029	0.956
Other	N=13,652	0.947
American Indian or Alaska Native	N=1,389	0.926
White	N=61,912	0.887

N=Statewide Denominator
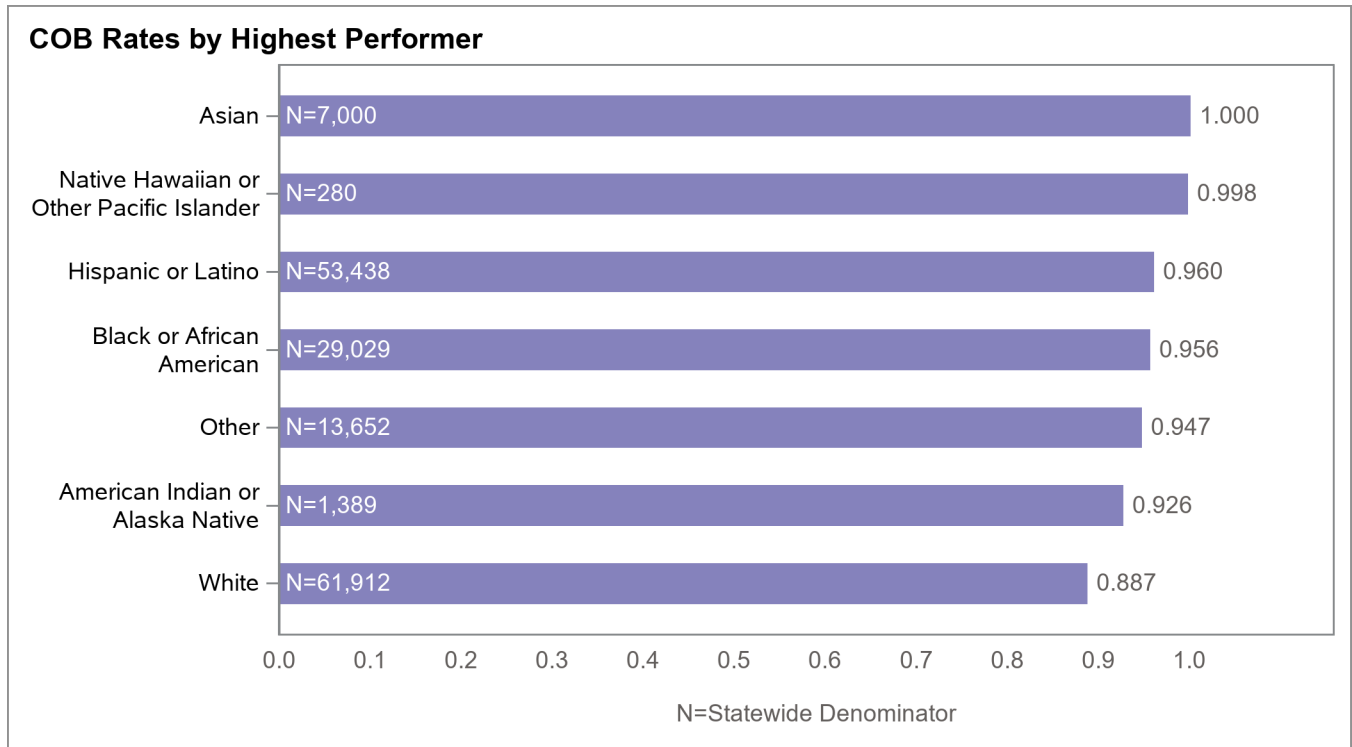
Figure A.45—Use of Opioids at High Dosage in Persons Without Cancer (OHD) by Highest Performing Group

A lower rate indicates more favorable performance for this indicator.

Note: The highest performing group (i.e., the Asian group) had a rate of 2.2 percent.

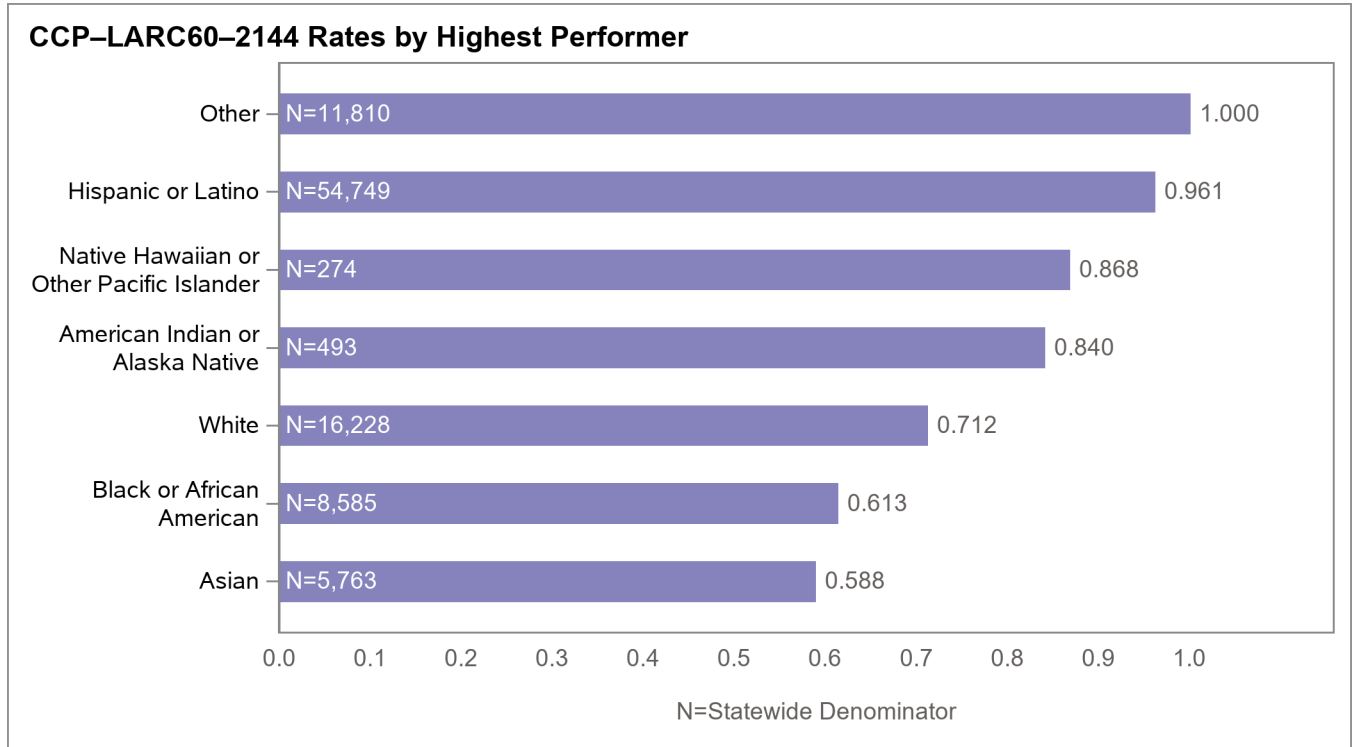The rate ratio for the Unknown/Missing group was 0.974 (N=5,619).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

OHD Rates by Highest Performer

Group	N	Rate
Asian	N=4,843	1.000
Hispanic or Latino	N=44,534	0.997
Other	N=11,139	0.983
American Indian or Alaska Native	N=1,220	0.980
Black or African American	N=26,145	0.968
White	N=54,090	0.964
Native Hawaiian or Other Pacific Islander	S	

N=Statewide Denominator

Figure A.46—Plan All-Cause Readmissions—Observed Readmission Rate (PCR–OR)—Total by Highest Performing Group

A lower rate indicates more favorable performance for this indicator.

Note: The highest performing group (i.e., the Asian group) had a rate of 8.5 percent. The rate ratio for the Unknown/Missing group was 0.992 (N=7,320).

PCR–OR Rates by Highest Performer

Group	N	Rate Ratio
Asian	N=11,715	1.000
Hispanic or Latino	N=78,342	0.998
Other	N=18,375	0.995
American Indian or Alaska Native	N=1,572	0.993
White	N=60,307	0.985
Native Hawaiian or Other Pacific Islander	N=631	0.982
Black or African American	N=27,284	0.977

N=Statewide Denominator

Appendix B. Demographic Stratification Results

Appendix B presents the statewide rates stratified by race/ethnicity for the following indicators not evaluated for health disparities:

♦ *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*
♦ *Child and Adolescent Well-Care Visits*
♦ *Controlling High Blood Pressure*
♦ *Plan All-Cause Readmissions*
♦ *Screening for Depression and Follow-Up Plan*
♦ *Well-Child Visits in the First 30 Months of Life*

The primary language, age, and gender stratification results for each indicator, where appropriate, are presented and organized by domain (Children's Health, Women's Health, Behavioral Health, and Acute and Chronic Disease Management). Additionally, the *Ambulatory Care* and *Plan All Cause Readmissions* indicators stratified by SPD/non-SPD are also presented in this section.

Race/Ethnicity

Figure B.1 through Figure B.8 display the statewide rates by racial/ethnic group for indicators not evaluated for health disparities, organized by domain.

Children's Health Domain

Figure B.1 through Figure B.3 display the indicator rate and denominator for each racial/ethnic group for indicators not included in the analysis within the Children's Health domain. The statewide average reference line is also displayed.

Child and Adolescent Well-Care Visits—Total (WCV)

The *Child and Adolescent Well-Care Visits—Total (WCV)* indicator measures the percentage of children ages 3 to 21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner. Figure B.1 displays the *Child and Adolescent Well-Care Visits— Total (WCV)* indicator rate for each racial/ethnic group in addition to the statewide average.

Figure B.1—Child and Adolescent Well-Care Visits—Total (WCV) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 42.3 percent (N=158,676).
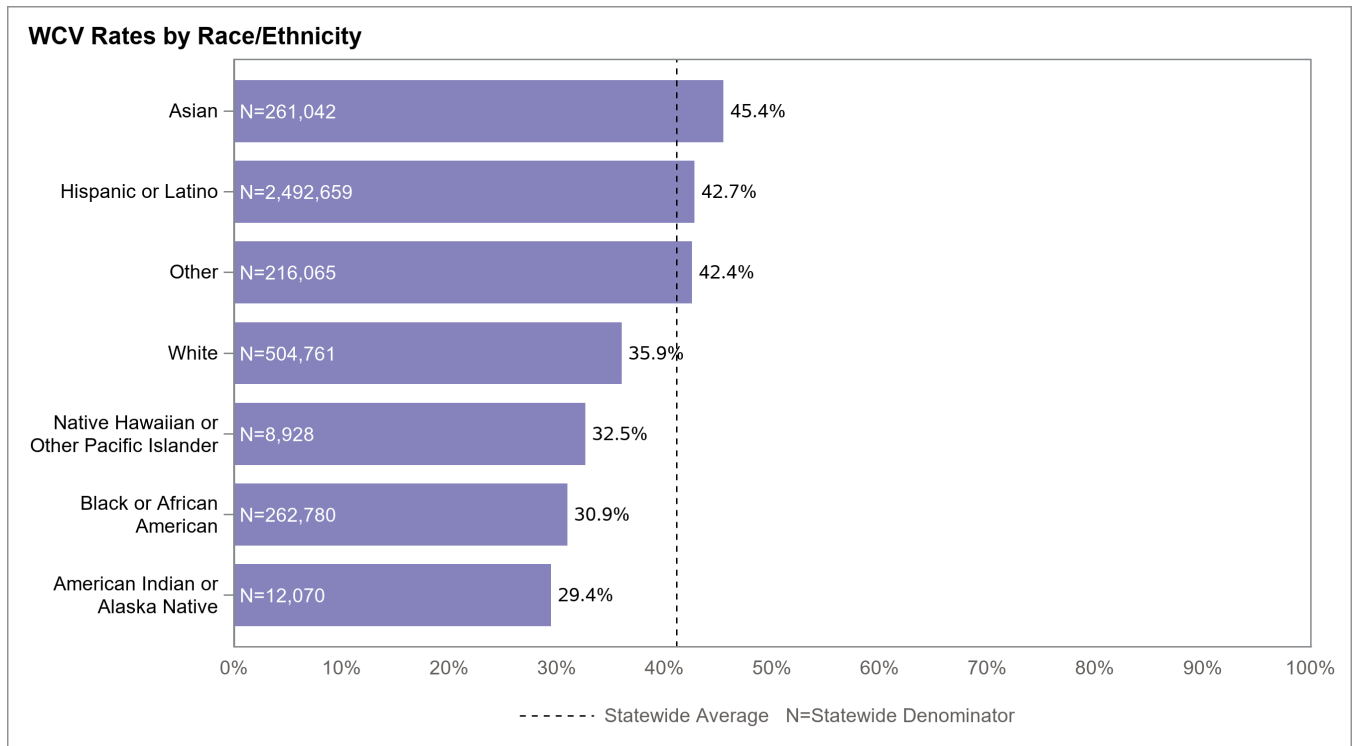
WCV Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Asian	N=261,042	45.4%
Hispanic or Latino	N=2,492,659	42.7%
Other	N=216,065	42.4%
White	N=504,761	35.9%
Native Hawaiian or Other Pacific Islander	N=8,928	32.5%
Black or African American	N=262,780	30.9%
American Indian or Alaska Native	N=12,070	29.4%

- - - - - - Statewide Average   N=Statewide Denominator

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)

The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)* indicator measures the percentage of children who turned 15 months old during the measurement year who received six or more well-child visits with a PCP. Figure B.2 displays the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)* indicator rate for each racial/ethnic group in addition to the statewide average.

Figure B.2—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 34.8 percent (N=14,980).
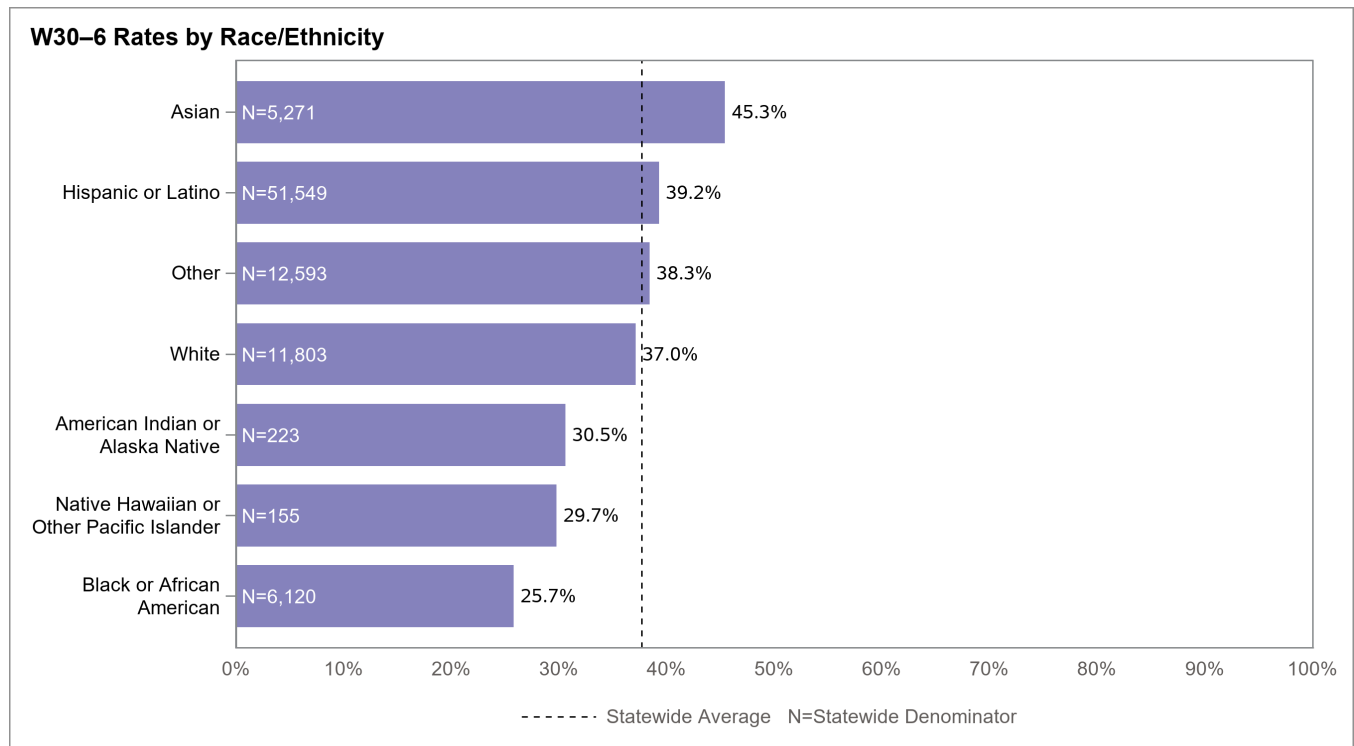
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)

The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)* indicator measures the percentage of children who turned 30 months old during the measurement year who received two or more well-child visits with a PCP. Figure B.3 displays the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)* indicator rate for each racial/ethnic group in addition to the statewide average.

Figure B.3—Well-Child Visits in the First 30 Months of Life—Well Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 61.9 percent (N=20,139).

W30–2 Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Asian	N=8,916	75.7%
Hispanic or Latino	N=95,074	69.3%
Other	N=16,939	66.7%
White	N=19,756	63.1%
Native Hawaiian or Other Pacific Islander	N=278	55.8%
American Indian or Alaska Native	N=415	52.0%
Black or African American	N=10,750	47.8%

- - - - - - Statewide Average   N=Statewide Denominator
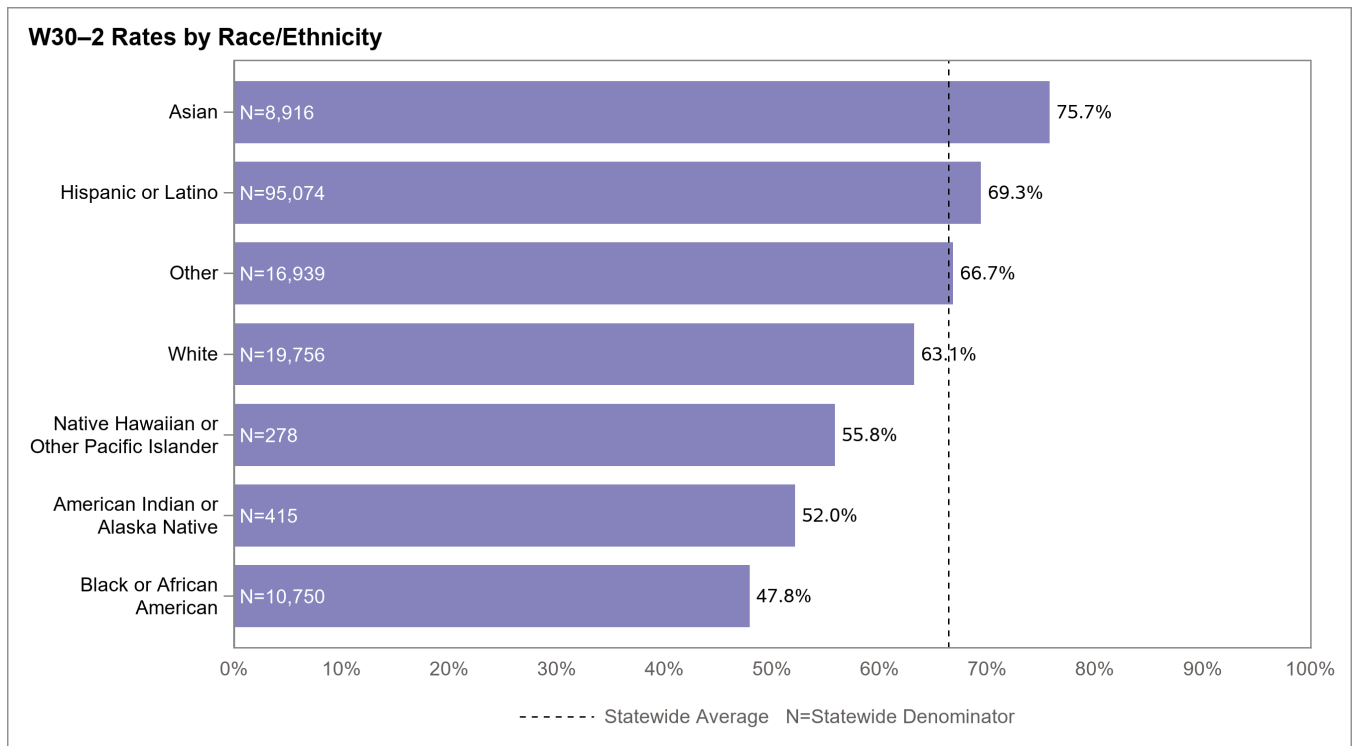
Behavioral Health Domain

Figure B.4 and Figure B.5 display the indicator rate and denominator for each racial/ethnic group for the indicators not included in the analysis within the Behavioral Health domain. The statewide average reference line is also displayed.

Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF–1217)

The *Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF–1217)* indicator measures the percentage of members ages 12 to 17 years who were screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan was documented on the date of the positive screen. Figure B.4 displays the *Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF–1217)* indicator rate for each racial/ethnic group in addition to the statewide average. Due to inconsistent reporting of medical record data by MCPs, differences in rates may be indicative of data completeness rather than performance.

Figure B.4—Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF–1217) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 21.0 percent (N=20,151).

CDF–1217 Rates by Race/Ethnicity

- Asian N=64,179 — 19.0%
- Other N=38,372 — 18.8%
- Hispanic or Latino N=595,002 — 18.6%
- Black or African American N=46,641 — 17.5%
- Native Hawaiian or Other Pacific Islander N=1,750 — 16.8%
- White N=112,141 — 16.2%
- American Indian or Alaska Native N=2,126 — 9.1%

Statewide Average   N=Statewide Denominator
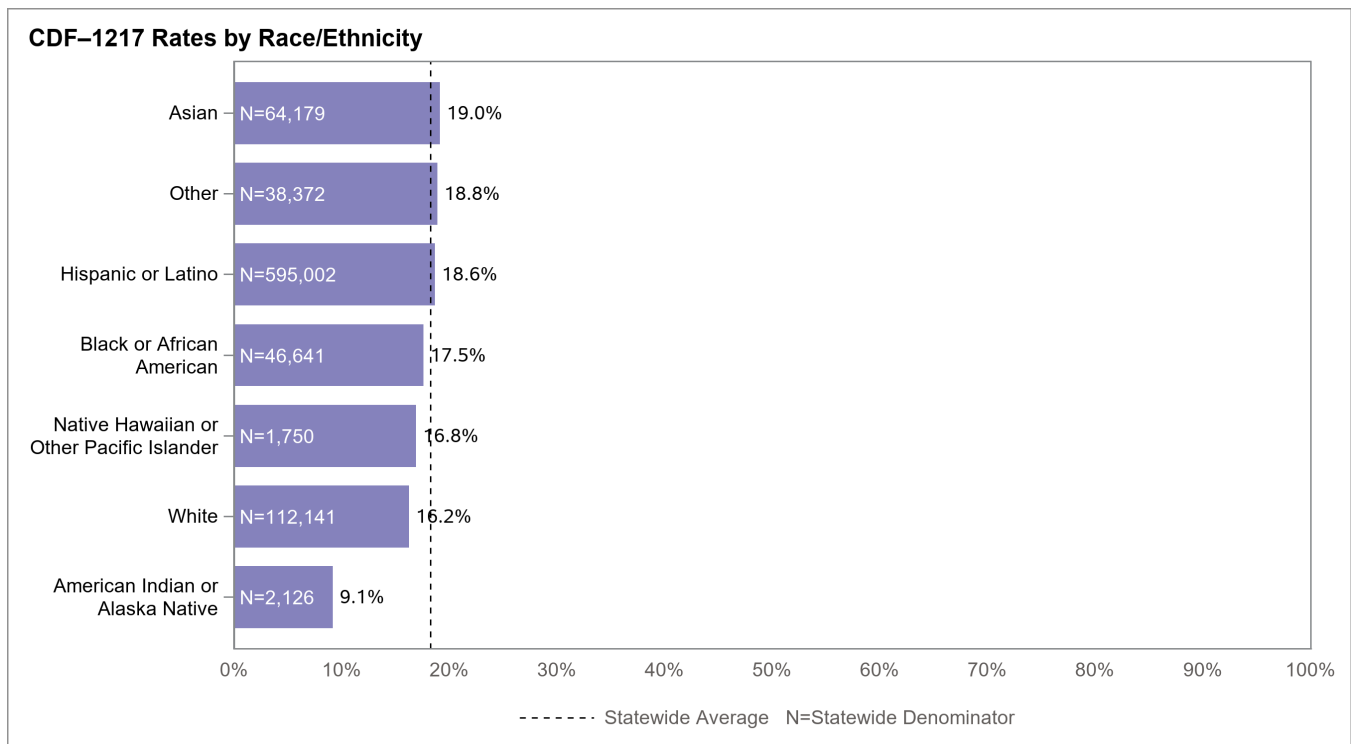
Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF–18+)

The *Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF–18+)* indicator measures the percentage of members aged 18 years and older who were screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan was documented on the date of the positive screen. Figure B.5 displays the *Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF–18+)* indicator rate for each racial/ethnic group in addition to the statewide average. Due to inconsistent reporting of medical record data by MCPs, differences in rates may be indicative of data completeness rather than performance.

Figure B.5—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF–18+) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 11.8 percent (N=124,620).

The statewide denominator for the American Indian or Alaska Native group was N=13,109.

CDF–18+ Rates by Race/Ethnicity

Race/Ethnicity	N	Rate
Other	N=334,914	12.9%
Native Hawaiian or Other Pacific Islander	N=6,393	12.8%
Hispanic or Latino	N=1,441,635	11.8%
White	N=686,198	11.1%
Black or African American	N=259,138	11.0%
Asian	N=390,094	10.4%
American Indian or Alaska Native		7.5%

- - - - - - Statewide Average   N=Statewide Denominator
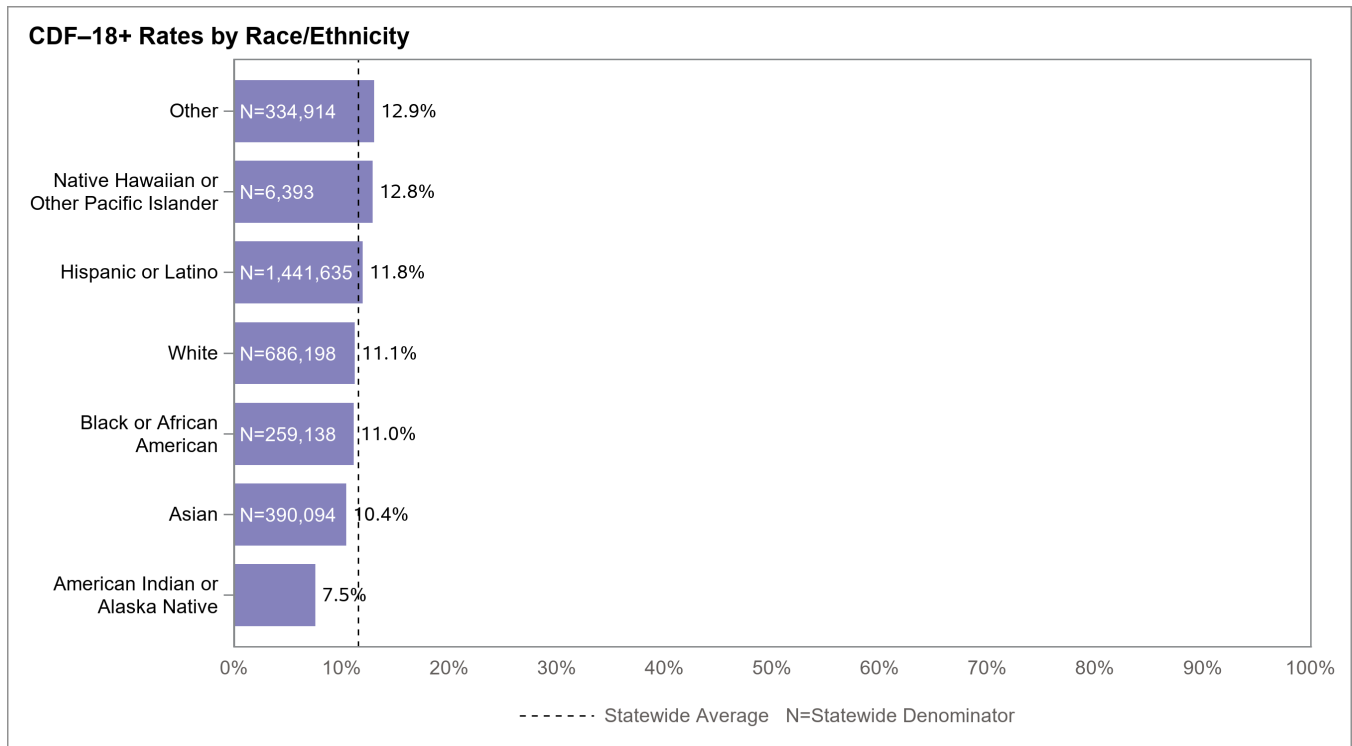
Acute and Chronic Disease Management Domain

Figure B.6 through Figure B.8 display the indicator rate and denominator for each racial/ethnic group for indicators not included in the analysis within the Acute and Chronic Disease Management domain. The statewide average reference line is also displayed.

Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED)

The *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED)* indicator summarizes utilization of ambulatory care for emergency department visits. Figure B.6 displays the statewide *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED)* indicator rate and denominator for each racial/ethnic group in addition to the statewide average.

Figure B.6—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 29.3 emergency department visits per 1,000 member months (N=5,154,152).

A higher or lower rate does not necessarily indicate better or worse performance.

AMB–ED Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Asian	N=10,572,048	13.2
Hispanic or Latino	N=58,636,701	29.7
Native Hawaiian or Other Pacific Islander	N=254,299	33.5
Other	N=9,376,642	36.0
White	N=20,707,818	38.6
American Indian or Alaska Native	N=449,420	47.5
Black or African American	N=8,991,592	49.9

ED Visits per 1,000 Member Months

- - - - - - Statewide Average   N=Statewide Denominator
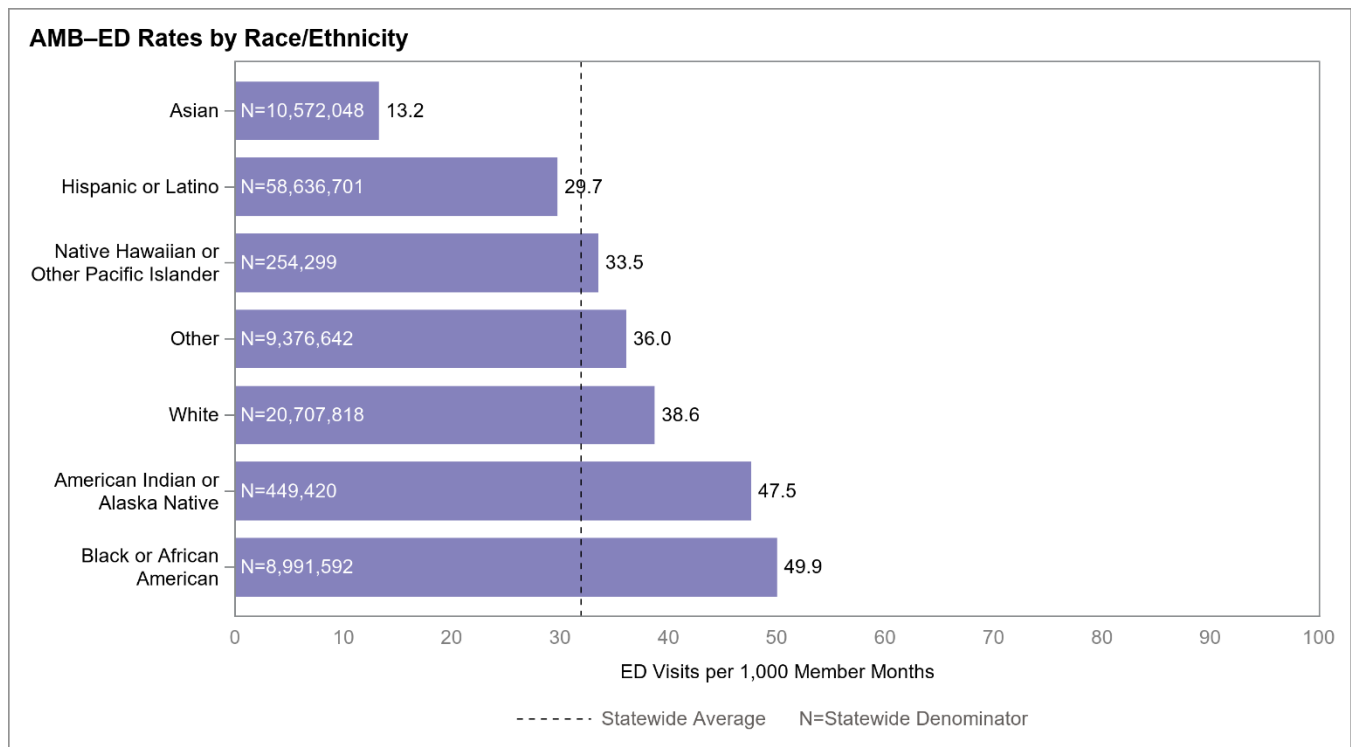
Controlling High Blood Pressure (CBP)

The *Controlling High Blood Pressure (CBP)* indicator measures the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg). Figure B.7 displays the statewide *Controlling High Blood Pressure (CBP)* rate and denominator for each racial/ethnic group in addition to the statewide average.

Figure B.7—Controlling High Blood Pressure (CBP) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 57.6 percent (N=912).

CBP Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Hispanic or Latino	N=7,849	59.6%
White	N=5,955	56.4%
Other	N=2,597	55.2%
American Indian or Alaska Native	N=145	55.2%
Asian	N=3,347	55.1%
Black or African American	N=1,946	49.5%
Native Hawaiian or Other Pacific Islander	N=67	46.3%

- - - - - - Statewide Average   N=Statewide Denominator
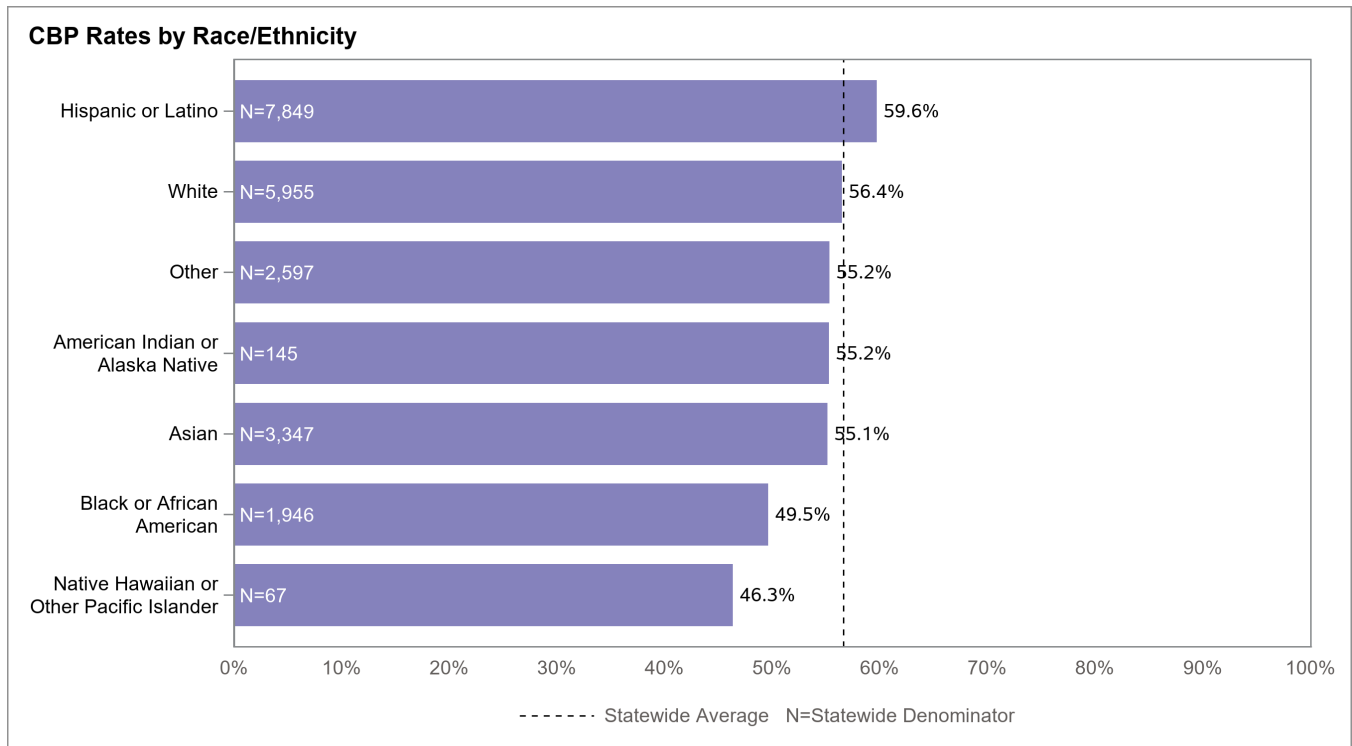
Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR)

The *Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR)* indicator measures the percentage of acute inpatient hospital stays for members 18 to 64 years of age and older that were followed by an unplanned acute inpatient readmission for any diagnosis within 30 days of the initial admission. Figure B.8 displays the statewide *Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR)* rate and denominator for each racial/ethnic group in addition to the statewide average. A lower rate indicates more favorable performance for this indicator.

Figure B.8—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Race/Ethnicity

Note: The rate for the Unknown/Missing group was 9.2 percent (N=7,320).

A lower rate indicates more favorable performance for this indicator.

PCR–OR Rates by Race/Ethnicity

Race/Ethnicity	Denominator	Rate
Asian	N=11,715	8.5%
Hispanic or Latino	N=78,342	8.7%
Other	N=18,375	9.0%
American Indian or Alaska Native	N=1,572	9.1%
White	N=60,307	9.9%
Native Hawaiian or Other Pacific Islander	N=631	10.1%
Black or African American	N=27,284	10.6%

- - - - - - - Statewide Average   N=Statewide Denominator
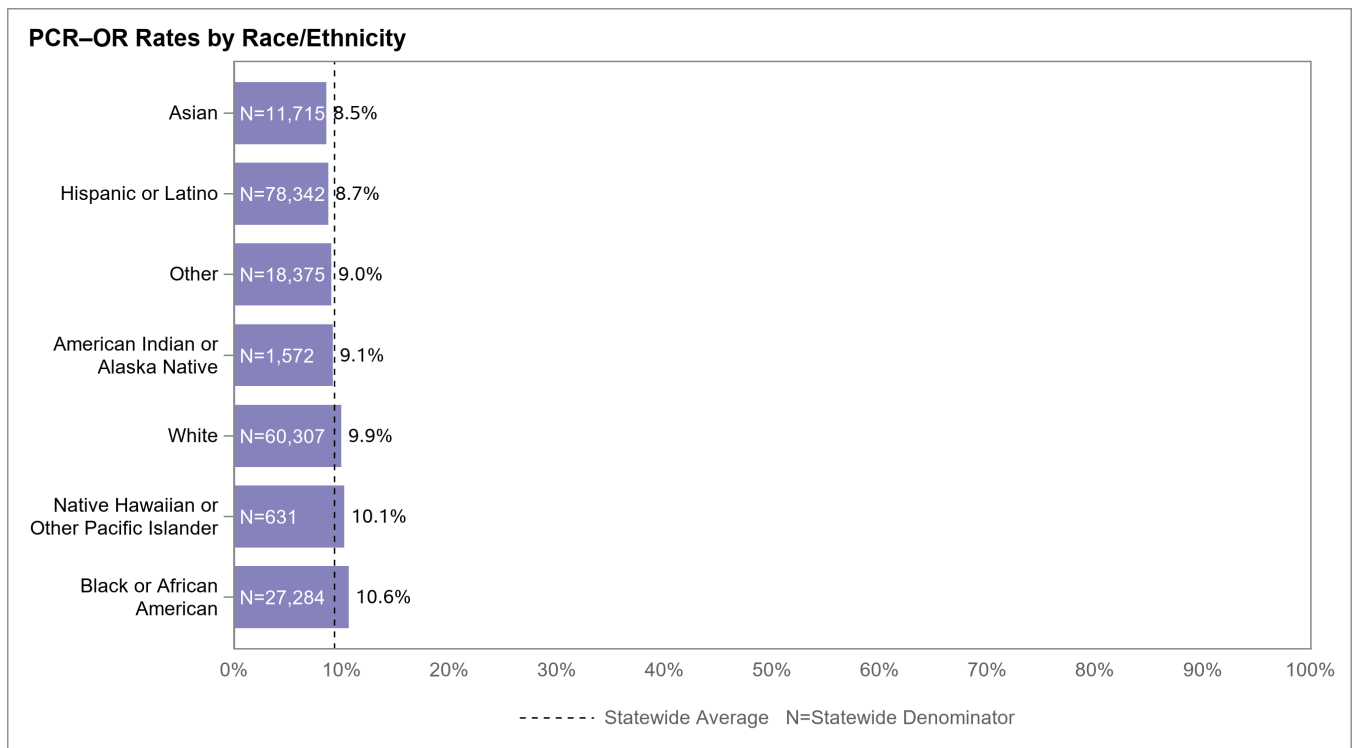
Primary Language

Figure B.9 through Figure B.51 display the statewide rates by each primary language group for each indicator. Primary language stratifications were derived from the current threshold languages for Medi-Cal managed care counties as of April 2021. Please note, the rate for the Unknown/Missing group is only included as a note if the rate met the minimum denominator (i.e., 30 or more) and minimum numerator (i.e., 11 or more) requirements.

Children's Health Domain

Figure B.9 through Figure B.17 display the statewide Children's Health domain indicator rate and denominator for each primary language group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed, where applicable.

Figure B.9—Child and Adolescent Well-Care Visits—Total (WCV) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 29.0 percent (N=2,352).

WCV Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
Vietnamese	N=43,972	53.1%
Farsi	N=6,527	51.8%
Chinese	N=42,587	51.6%
Armenian	N=12,232	47.6%
Korean	N=7,463	46.5%
Other	N=21,907	46.0%
Spanish	N=1,425,650	45.9%
Arabic	N=14,684	44.6%
Hmong	N=7,705	41.5%
Tagalog	N=5,031	39.2%
English	N=2,313,947	37.7%
Cambodian	N=2,408	35.7%
Russian	N=10,516	35.1%

- - - - - - Statewide Average   N=Statewide Denominator

Figure B.10—Childhood Immunization Status—Combination 10 (CIS–10) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.
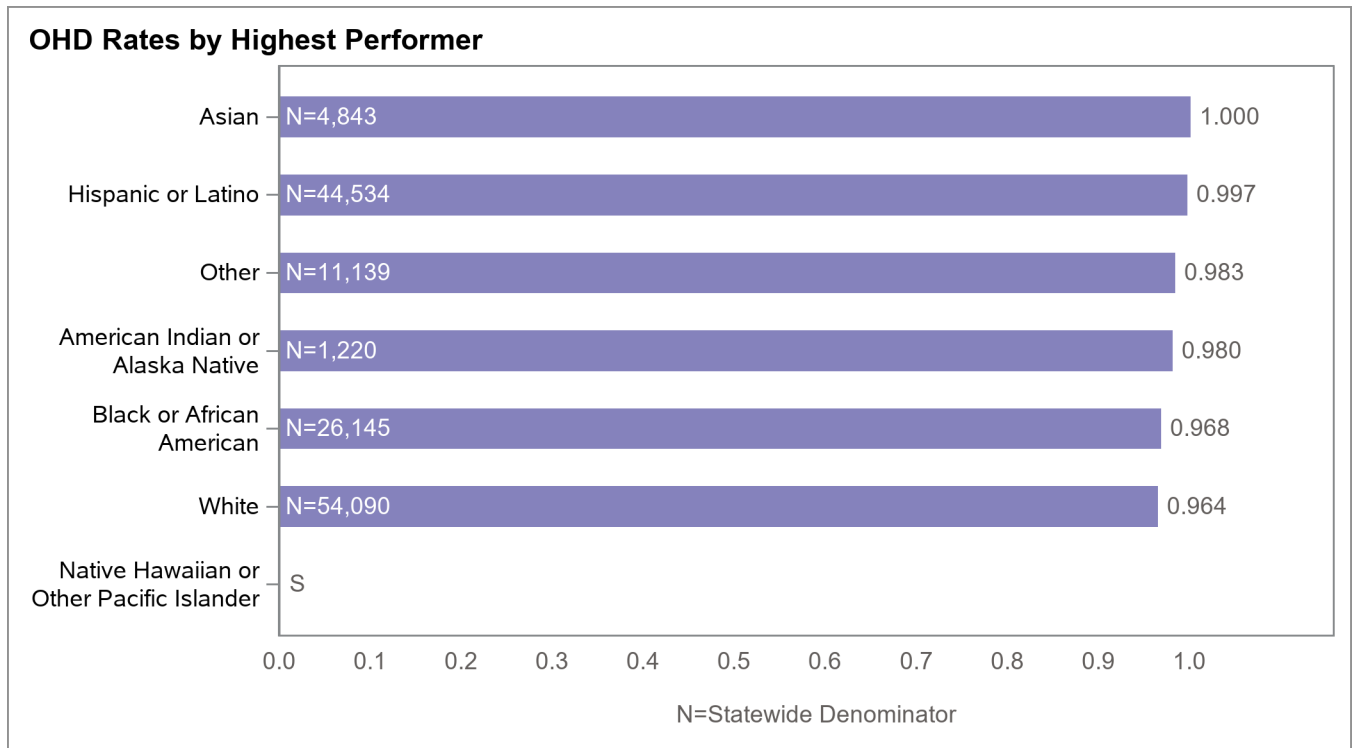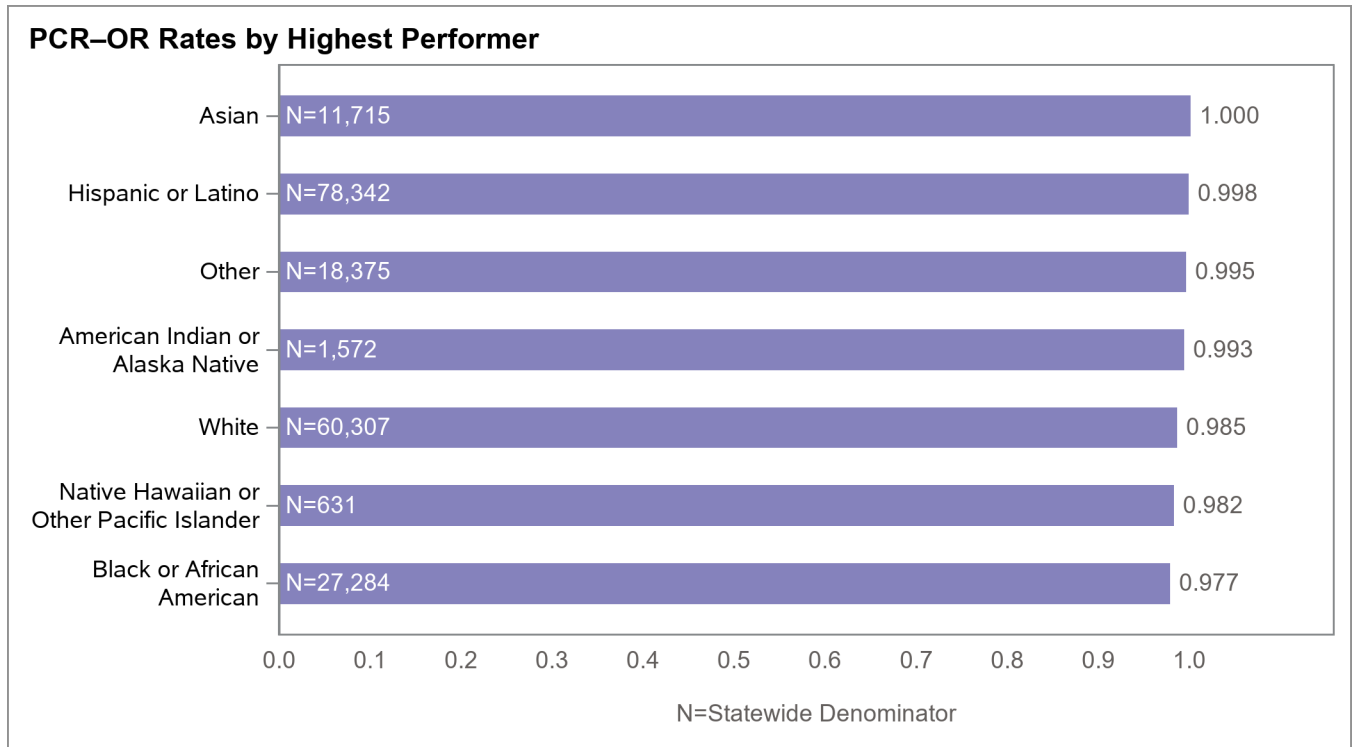
NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CIS–10 Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
Chinese	N=204	74.0%
Vietnamese	N=114	60.5%
Spanish	N=5,267	53.4%
Other	N=176	46.6%
Farsi	N=48	45.8%
Arabic	N=83	43.4%
English	N=15,620	34.7%
Hmong	N=36	30.6%
Russian	S	
Armenian	NA	
Cambodian	NA	
Korean	NA	
Tagalog	NA	

N=Statewide Denominator

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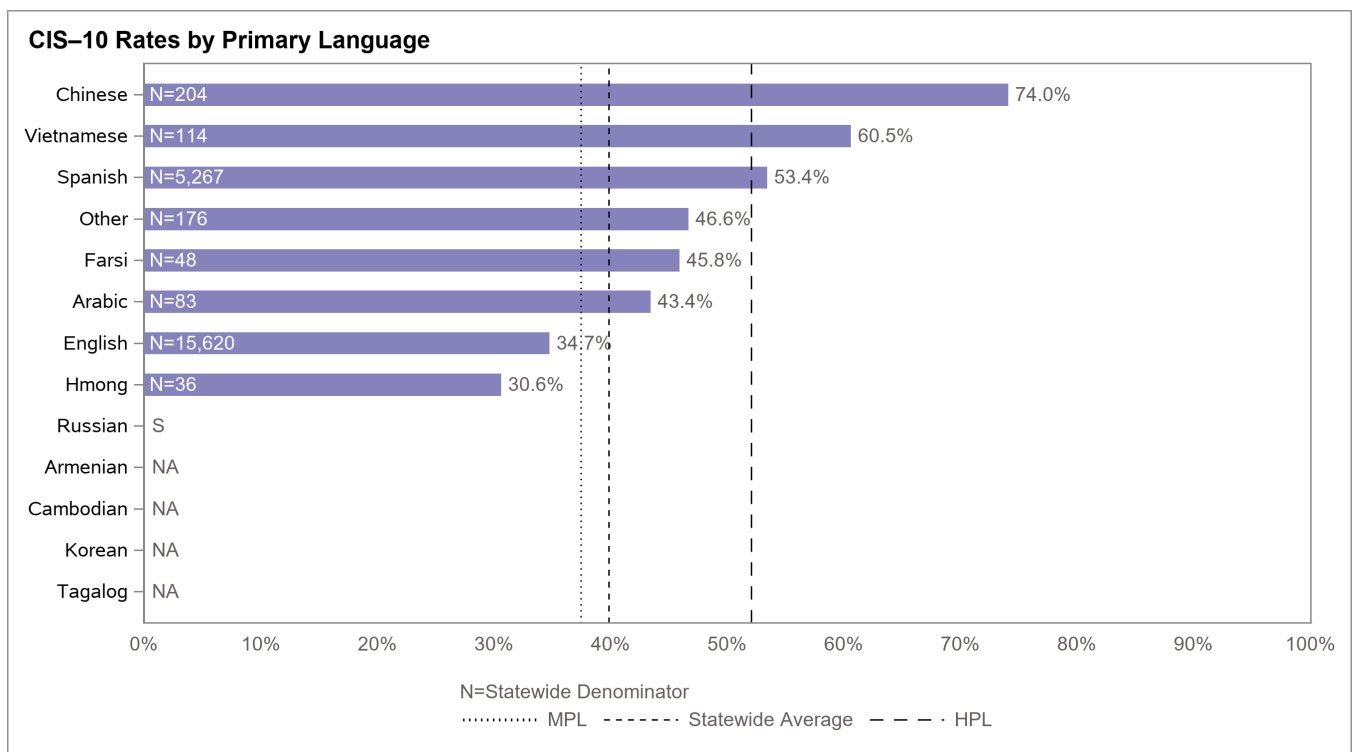
Figure B.11—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 17.3 percent (N=405).

The median state performance rate represents the 50th percentile.

DEV Rates by Primary Language

Language	N	Rate
Hmong	N=644	45.3%
Russian	N=939	37.0%
Korean	N=367	36.5%
Arabic	N=1,443	36.3%
Tagalog	N=332	30.7%
Farsi	N=717	30.1%
Other	N=2,423	26.7%
Spanish	N=105,702	25.7%
Chinese	N=4,080	25.1%
Vietnamese	N=2,852	24.7%
English	N=315,589	22.0%
Cambodian	N=172	18.0%
Armenian	N=1,100	14.9%

N=Statewide Denominator

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Figure B.12—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

IMA–2 Rates by Primary Language

Primary Language	N	Rate
Chinese	N=221	61.1%
Hmong	N=48	54.2%
Tagalog	N=52	53.8%
Spanish	N=8,018	52.2%
Vietnamese	N=197	50.3%
Farsi	N=42	38.1%
Other	N=153	37.3%
Arabic	N=87	36.8%
English	N=12,442	33.6%
Russian	S	
Armenian	NA	
Cambodian	NA	
Korean	NA	

N=Statewide Denominator

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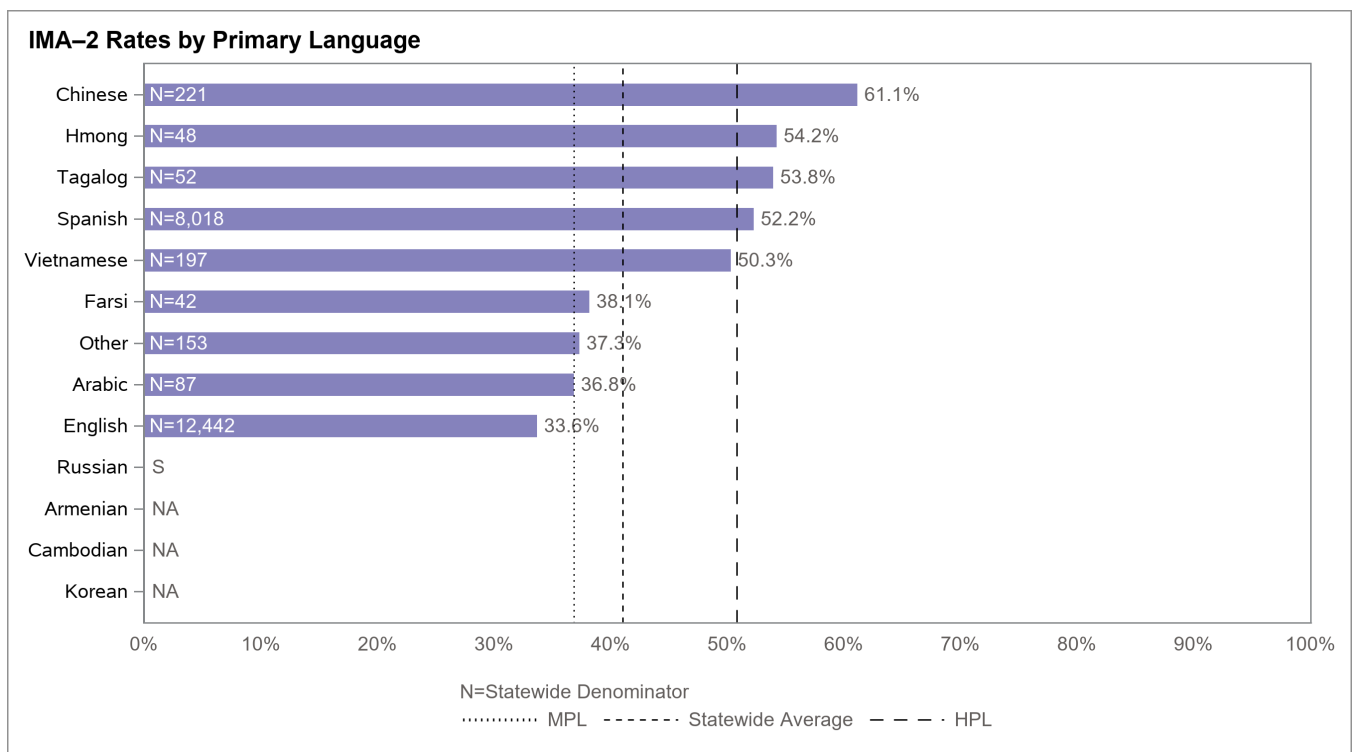
Figure B.13—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–BMI Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
Hmong	N=39	89.7%
Farsi	N=69	88.4%
Other	N=233	84.1%
Spanish	N=7,832	82.6%
Arabic	N=95	81.1%
English	N=13,545	77.1%
Chinese	N=271	76.8%
Tagalog	N=42	73.8%
Vietnamese	N=175	73.7%
Russian	N=82	67.1%
Armenian	NA	
Cambodian	NA	
Korean	NA	

N=Statewide Denominator

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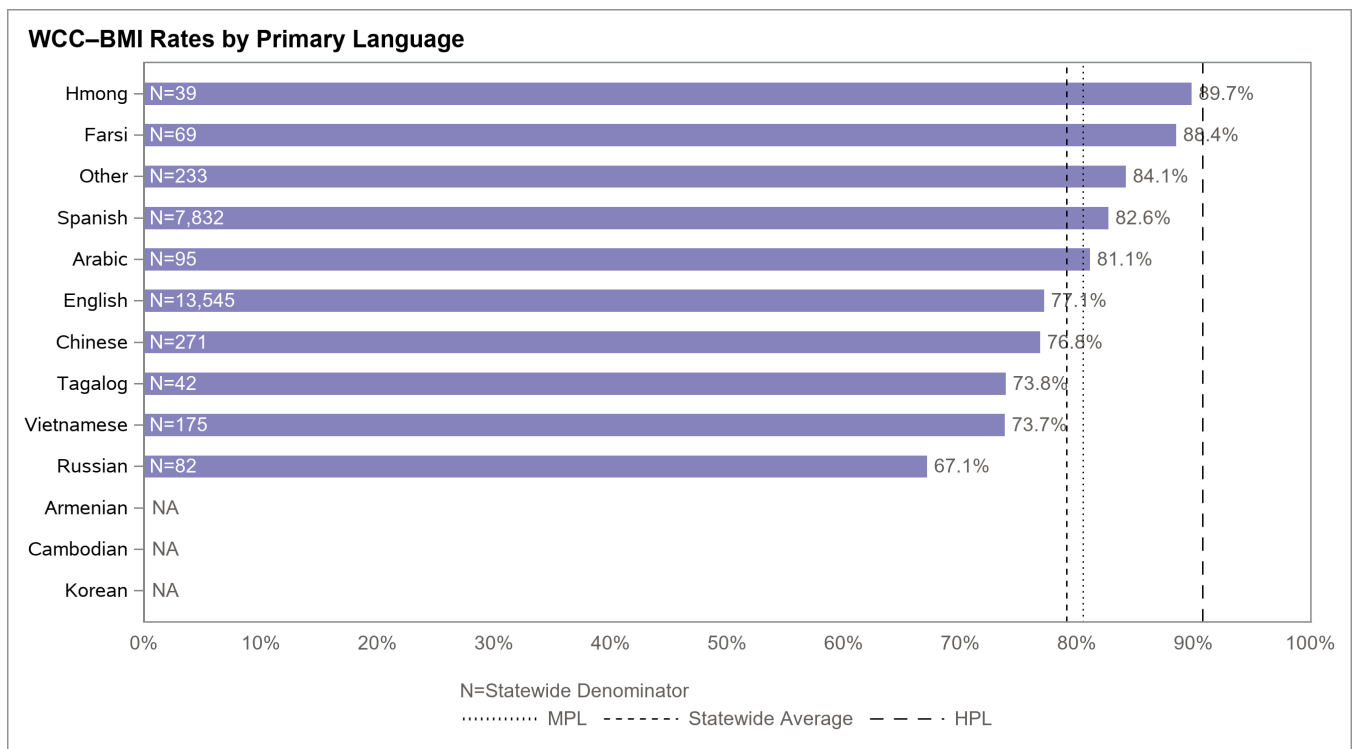
Figure B.14—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–N Rates by Primary Language

Primary Language	N	Rate
Tagalog	N=42	85.7%
Hmong	N=39	84.6%
Chinese	N=271	80.4%
Farsi	N=69	79.7%
Spanish	N=7,832	76.0%
Arabic	N=95	75.8%
Other	N=233	73.8%
Vietnamese	N=175	72.0%
English	N=13,545	68.2%
Russian	N=82	63.4%
Armenian	NA	
Cambodian	NA	
Korean	NA	

N=Statewide Denominator

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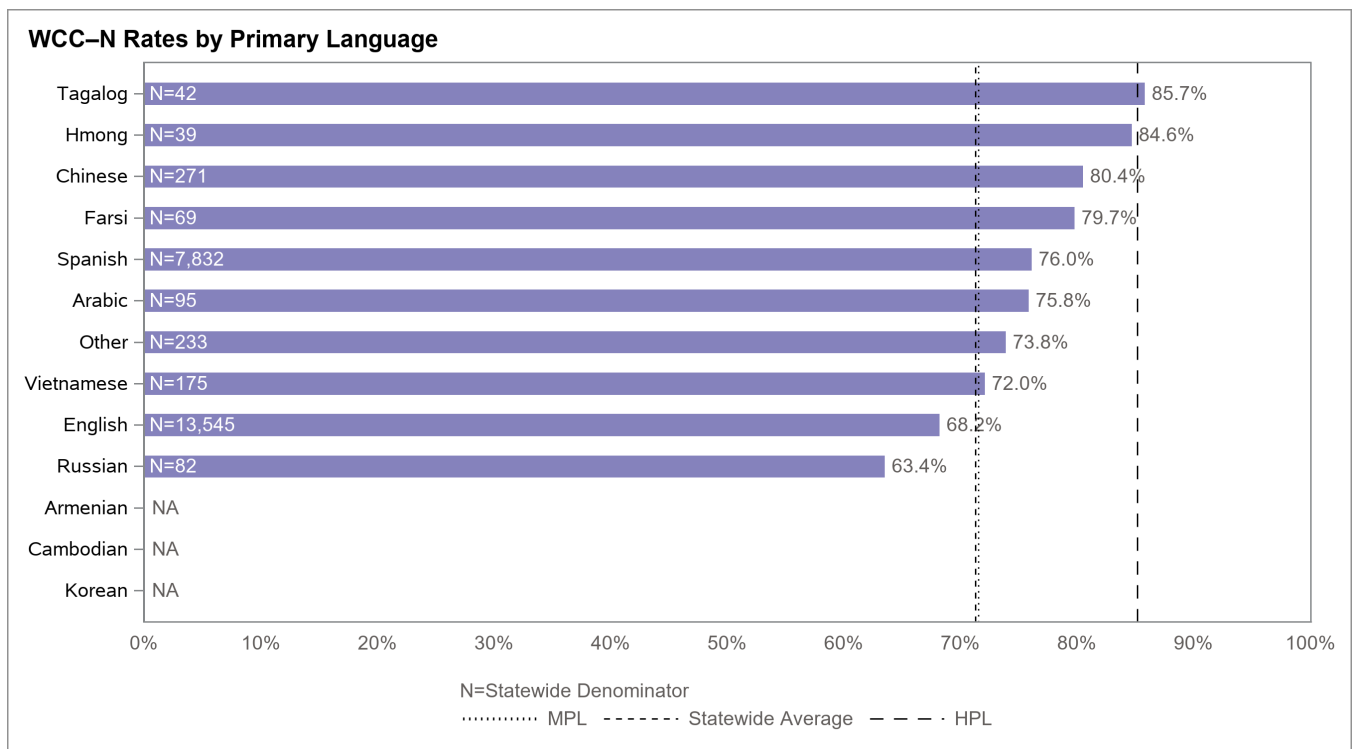
Figure B.15—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–PA Rates by Primary Language

Primary Language	N	Rate
Hmong	N=39	84.6%
Chinese	N=271	78.6%
Farsi	N=69	78.3%
Tagalog	N=42	76.2%
Spanish	N=7,832	73.5%
Arabic	N=95	72.6%
Other	N=233	71.7%
Vietnamese	N=175	70.9%
English	N=13,545	65.5%
Russian	N=82	64.6%
Armenian	NA	
Cambodian	NA	
Korean	NA	

N=Statewide Denominator

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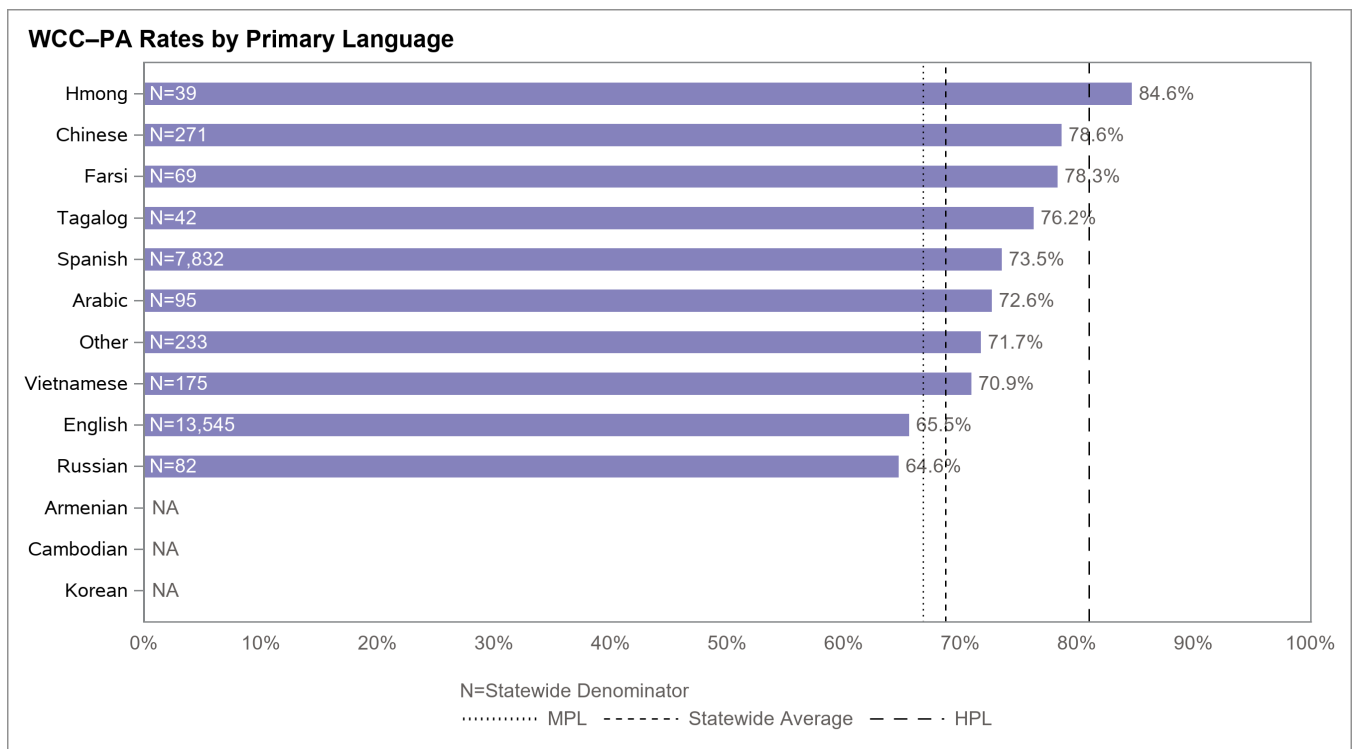
Figure B.16—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 20.9 percent (N=67).

W30–6 Rates by Primary Language

Primary Language	Rate
Cambodian (N=45)	51.1%
Chinese (N=945)	49.9%
Vietnamese (N=778)	49.9%
Other (N=563)	46.2%
Hmong (N=149)	43.6%
Spanish (N=23,232)	40.4%
Armenian (N=265)	40.4%
Korean (N=71)	39.4%
Farsi (N=163)	39.3%
English (N=75,771)	36.5%
Arabic (N=341)	36.4%
Russian (N=227)	33.9%
Tagalog (N=77)	29.9%

- - - - - - Statewide Average   N=Statewide Denominator
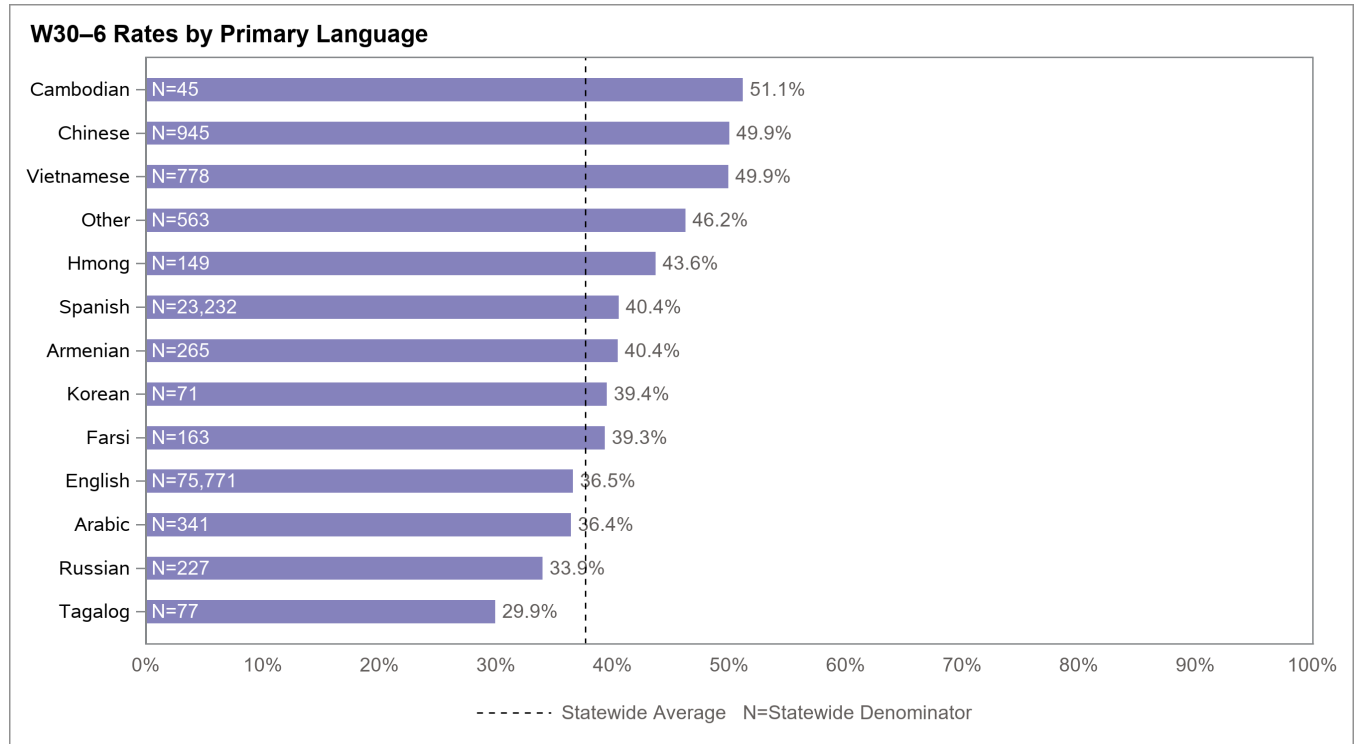
Figure B.17—Well-Child Visits in the First 30 Months of Life—Well Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 37.3 percent (N=142).

W30–2 Rates by Primary Language

Primary Language	N	Rate
Cambodian	N=57	87.7%
Vietnamese	N=1,069	87.1%
Korean	N=164	78.7%
Chinese	N=1,626	78.4%
Arabic	N=602	76.7%
Spanish	N=43,279	75.9%
Tagalog	N=131	75.6%
Farsi	N=273	74.0%
Other	N=977	73.1%
Hmong	N=244	70.9%
Armenian	N=421	69.4%
English	N=122,949	62.6%
Russian	N=333	52.0%

- - - - - - - Statewide Average   N=Statewide Denominator
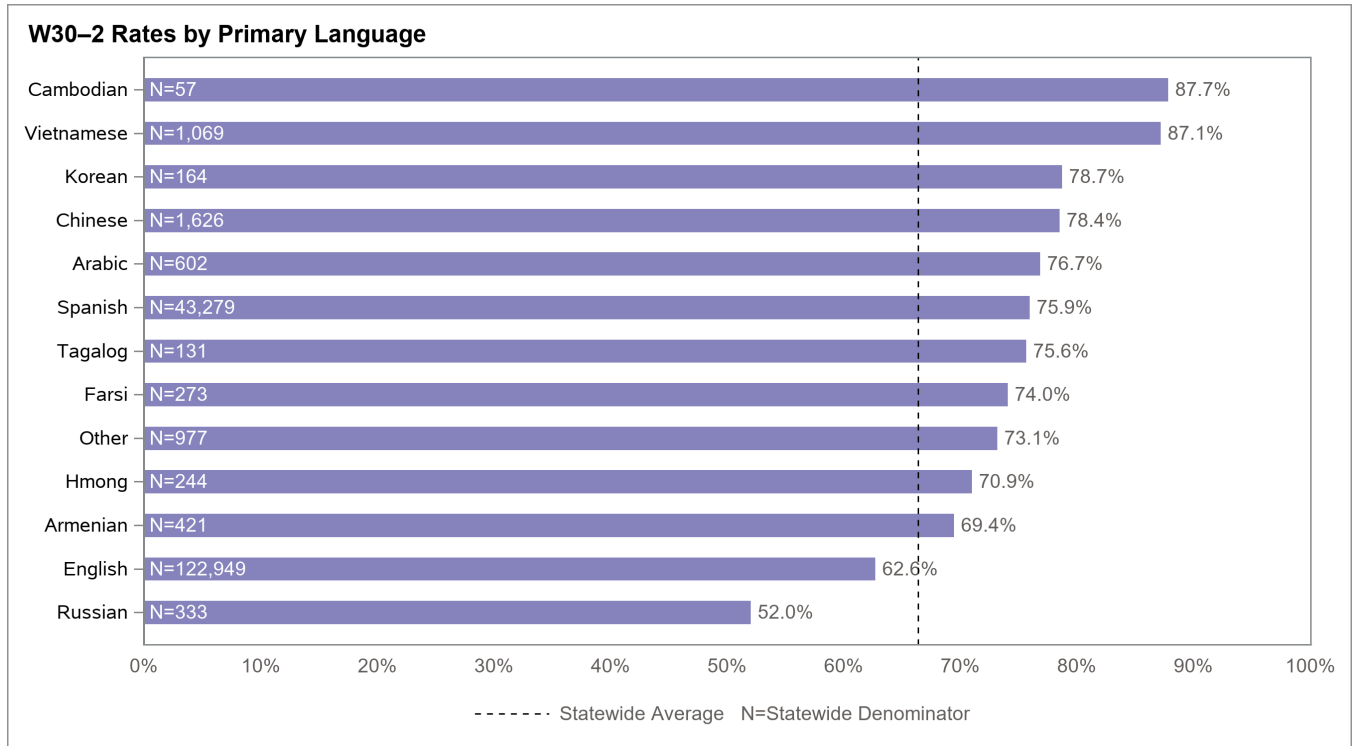
Women's Health Domain

Figure B.18 through Figure B.34 display the statewide Women's Health domain indicator rate and denominator for each primary language group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed.

Figure B.18—Breast Cancer Screening (BCS) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 40.8 percent (N=3,189).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

BCS Rates by Primary Language

Primary Language	N	Rate
Vietnamese	N=23,256	69.2%
Spanish	N=141,162	67.3%
Arabic	N=3,316	66.0%
Farsi	N=3,433	65.2%
Chinese	N=19,222	59.1%
Armenian	N=6,665	58.4%
Tagalog	N=3,334	57.9%
Other	N=8,207	53.8%
Cambodian	N=2,692	51.4%
English	N=273,951	51.0%
Korean	N=3,791	50.5%
Russian	N=2,830	50.1%
Hmong	N=1,880	38.0%

N=Statewide Denominator
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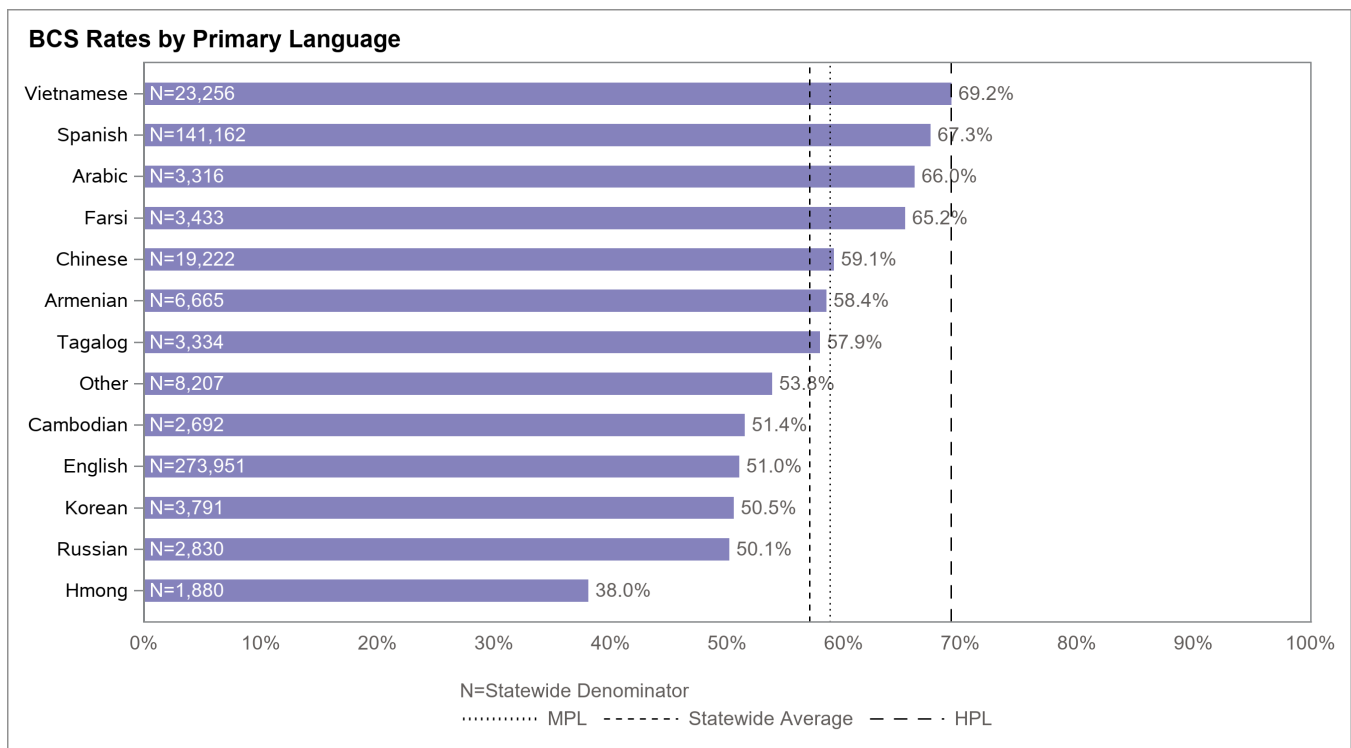
Figure B.19—Cervical Cancer Screening (CCS) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 34.0 percent (N=53).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CCS Rates by Primary Language

Primary Language	N	Rate
Vietnamese	379	72.0%
Chinese	328	71.0%
Arabic	110	70.9%
Farsi	50	68.0%
Spanish	3,925	67.8%
Other	245	60.4%
Tagalog	66	56.1%
English	16,745	55.2%
Russian	97	47.4%
Hmong	60	46.7%
Armenian		NA
Cambodian		NA
Korean		NA

N=Statewide Denominator
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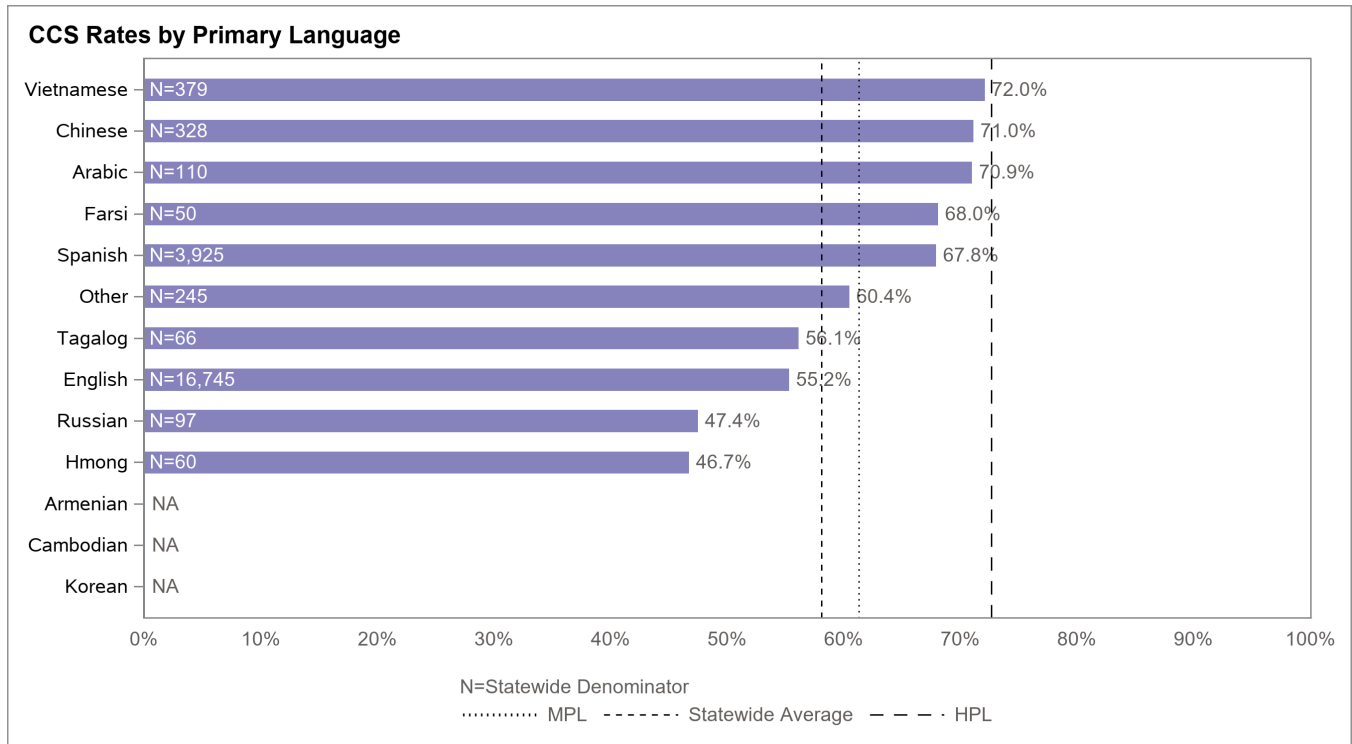
Figure B.20—Chlamydia Screening in Women—Total (CHL) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 34.1 percent (N=88).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CHL Rates by Primary Language

Primary Language	N	Rate
Hmong	N=369	62.3%
Spanish	N=88,165	61.8%
English	N=212,322	61.7%
Vietnamese	N=3,188	61.7%
Chinese	N=1,452	61.2%
Cambodian	N=167	59.9%
Russian	N=433	57.0%
Tagalog	N=318	56.6%
Farsi	N=494	56.1%
Korean	N=242	55.8%
Other	N=1,029	53.8%
Arabic	N=638	42.0%
Armenian	N=400	40.3%

N=Statewide Denominator

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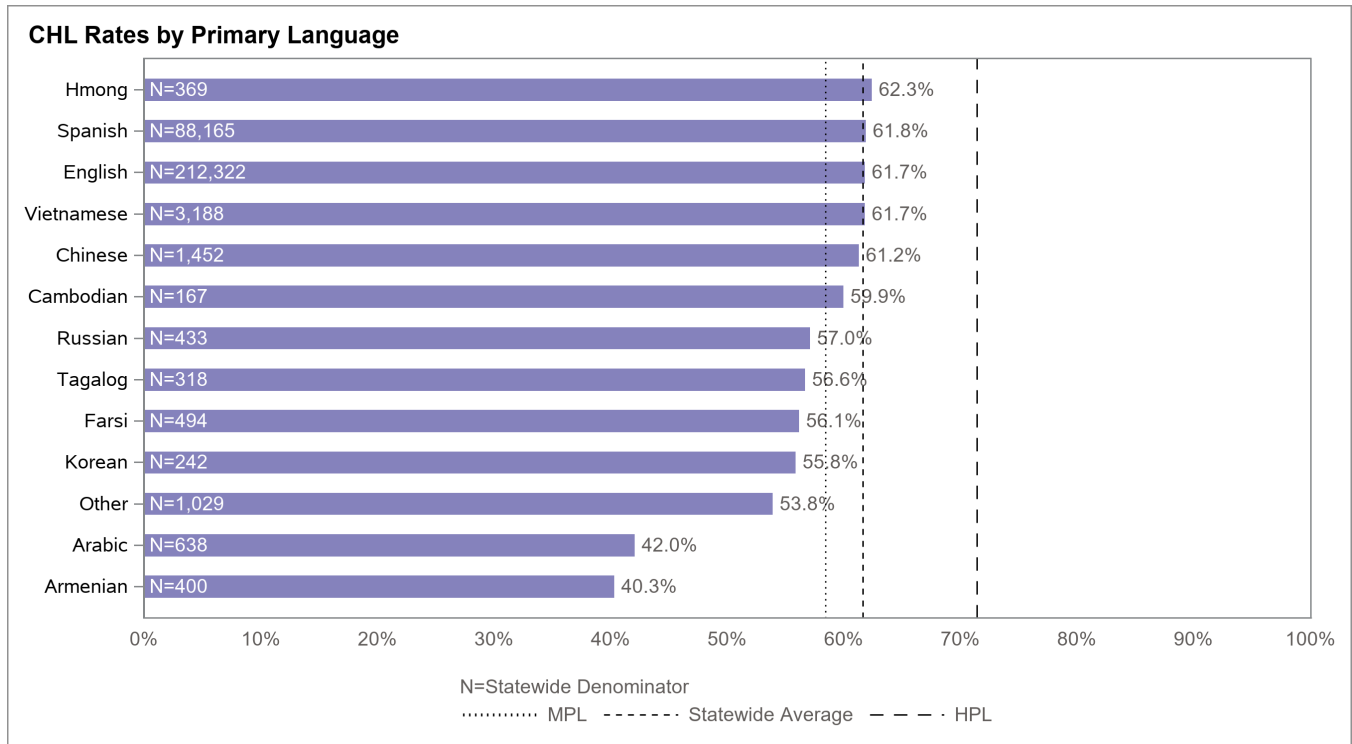
Figure B.21—Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small numerator.

The following are the denominator sizes for select primary language groups: English (300,997), Spanish (239,263), Tagalog (991), Other (3,013), Russian (1,574), Vietnamese (8,621), and Chinese (6,288).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The median state performance rate represents the 50th percentile.

CCW–LARC–1520 Rates by Primary Language
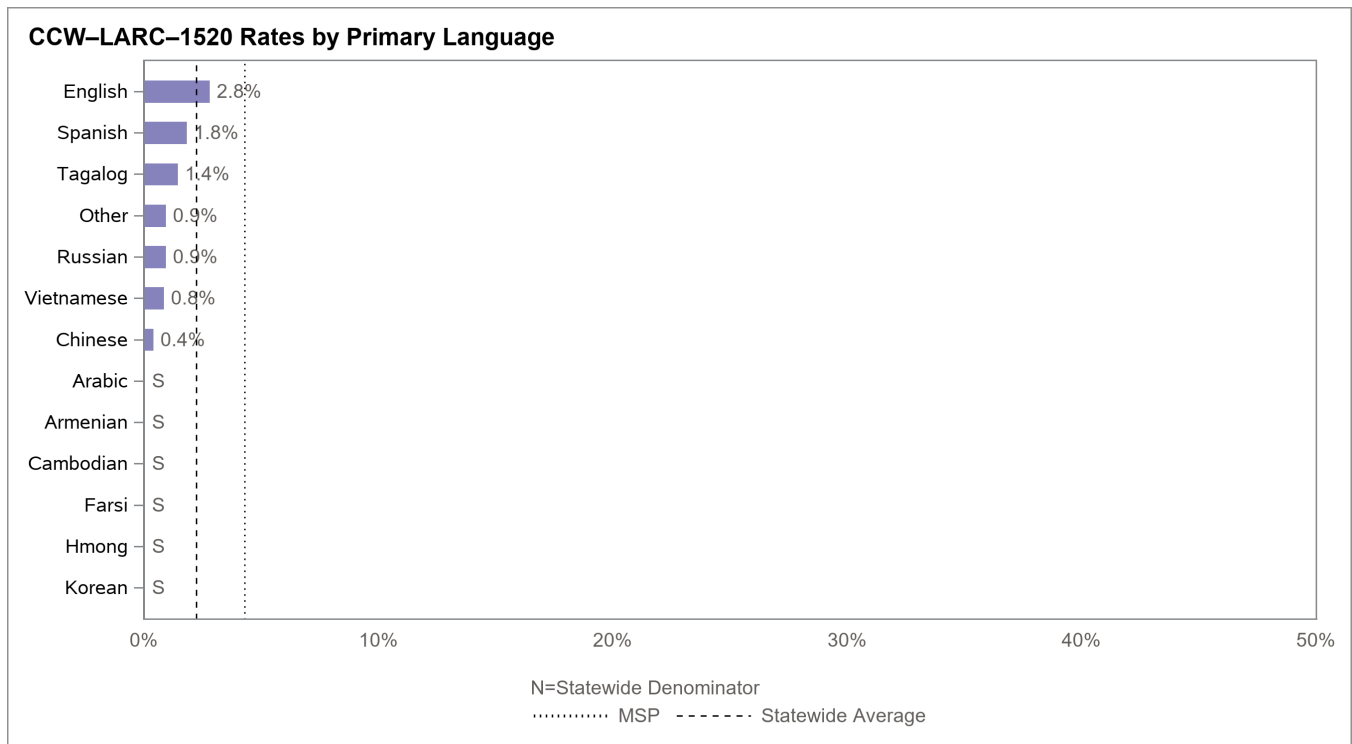
Figure B.22—Contraceptive Care—All Women—LARC—Ages 21-44 Years (CCW–LARC–2144) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 0.9 percent (N=2,014).

The following are the denominator sizes for select primary language groups: English (1,102,045), Russian (3,388), Cambodian (1,222), Armenian (6,226), Vietnamese (17,767), Tagalog (1,455), Chinese (14,338), Hmong (2,157), and Korean (1,879).

The median state performance rate represents the 50th percentile.

CCW–LARC–2144 Rates by Primary Language

Primary Language	Rate
Arabic (N=5,188)	5.0%
Spanish (N=205,130)	4.6%
English	4.4%
Other (N=7,285)	4.2%
Farsi (N=3,344)	4.2%
Russian	3.3%
Cambodian	3.3%
Armenian	2.9%
Vietnamese	2.8%
Tagalog	2.2%
Chinese	1.9%
Hmong	1.7%
Korean	0.6%

N=Statewide Denominator

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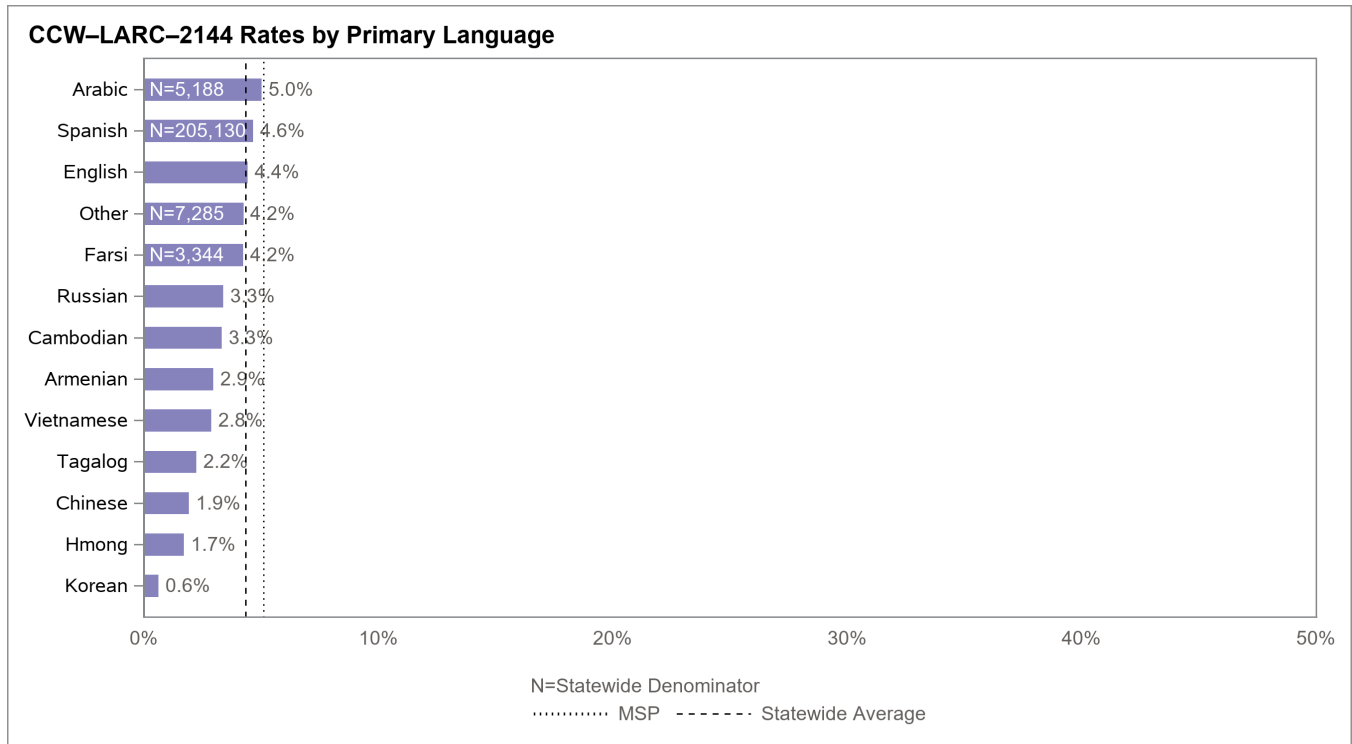
Figure B.23—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 9.8 percent (N=183).

The following are the denominator sizes for select primary language groups: Russian (1,574), Hmong (1,394), Arabic (2,120), Chinese (6,288), Korean (1,395), and Armenian (1,712).

The median state performance rate represents the 50th percentile.

CCW–MMEC–1520 Rates by Primary Language

Primary Language		Rate
English	N=300,997	18.5%
Spanish	N=239,263	10.8%
Tagalog	N=991	10.7%
Farsi	N=925	9.9%
Vietnamese	N=8,621	9.3%
Cambodian	N=456	9.2%
Other	N=3,013	7.3%
Russian		6.5%
Hmong		6.2%
Arabic		5.5%
Chinese		5.0%
Korean		4.6%
Armenian		3.5%

N=Statewide Denominator

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Figure B.24—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 14.9 percent (N=2,014).

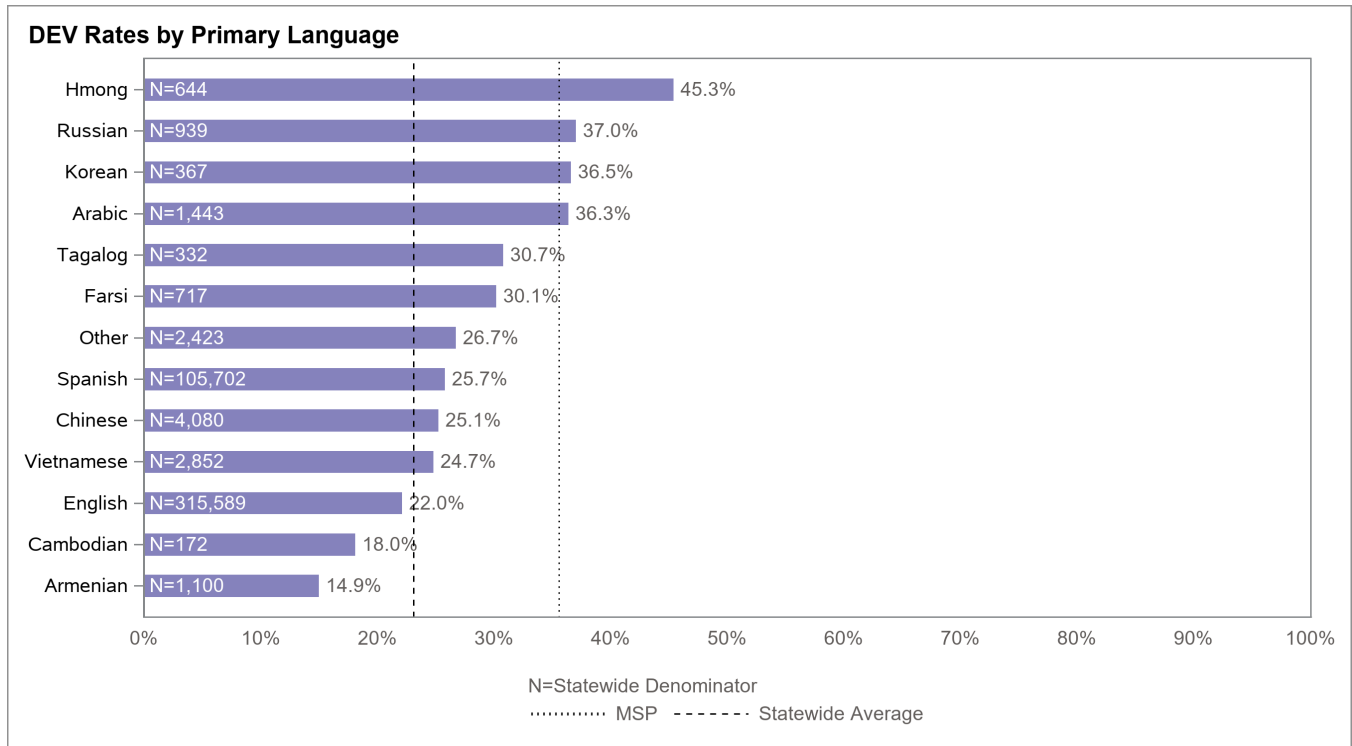The median state performance rate represents the 50th percentile.

CCW–MMEC–2144 Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
English	N=1,102,046	24.2%
Spanish	N=205,129	23.2%
Vietnamese	N=17,767	19.9%
Farsi	N=3,344	19.3%
Arabic	N=5,188	19.3%
Cambodian	N=1,222	18.8%
Tagalog	N=1,455	17.0%
Other	N=7,285	17.0%
Hmong	N=2,157	12.1%
Russian	N=3,388	11.8%
Chinese	N=14,338	10.7%
Armenian	N=6,226	9.4%
Korean	N=1,879	7.3%

N=Statewide Denominator

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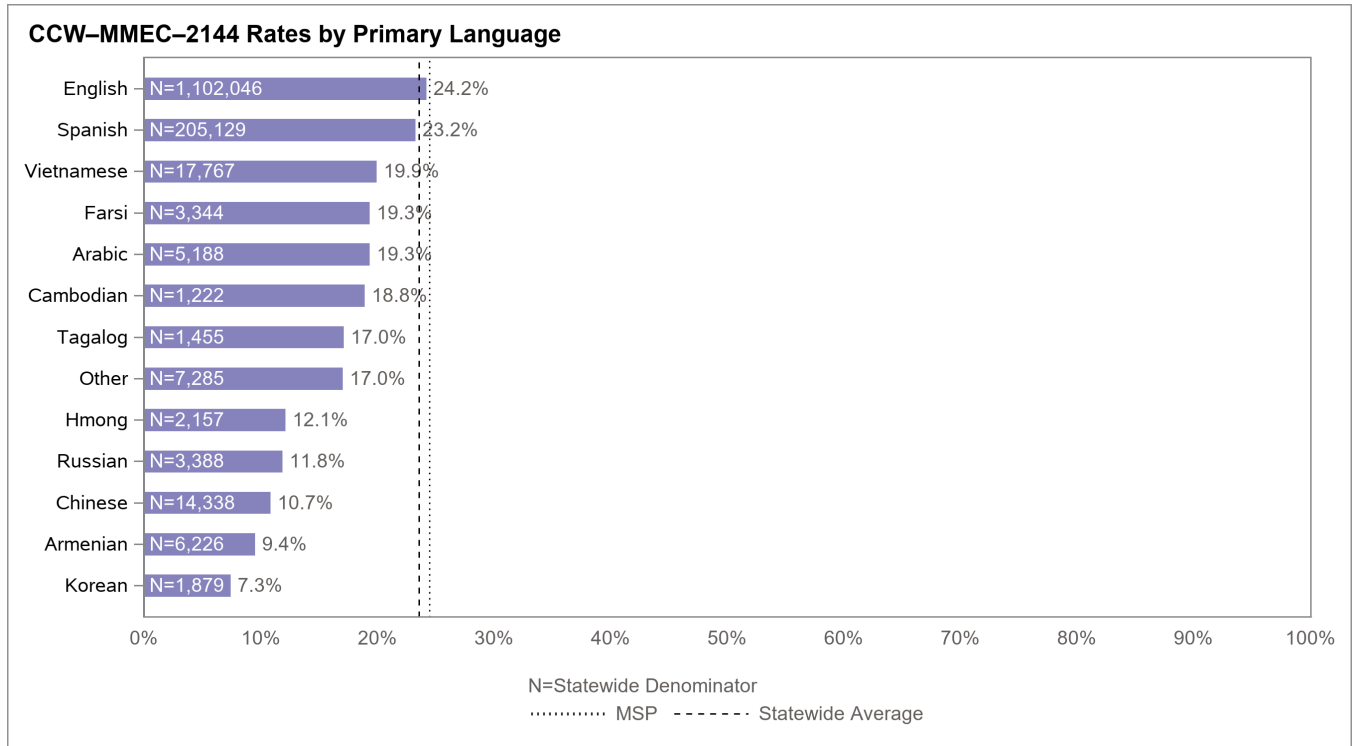
Figure B.25—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The English group had a statewide denominator of N=6,812.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.

CCP–LARC3–1520 Rates by Primary Language

Primary Language	Rate
Spanish	N=2,941 4.4%
English	2.1%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA
Vietnamese	NA

N=Statewide Denominator

··········· MSP   - - - - - - Statewide Average

Figure B.26—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The following are the denominator sizes for select primary language groups: Spanish (15,747) and English (81,045).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The median state performance rate represents the 50th percentile.

CCP–LARC3–2144 Rates by Primary Language

Primary Language	Rate
Spanish	3.2%
Other	N=691 3.2%
English	2.5%
Arabic	S
Armenian	S
Cambodian	S
Chinese	S
Farsi	S
Hmong	S
Korean	S
Russian	S
Tagalog	S
Vietnamese	S

N=Statewide Denominator

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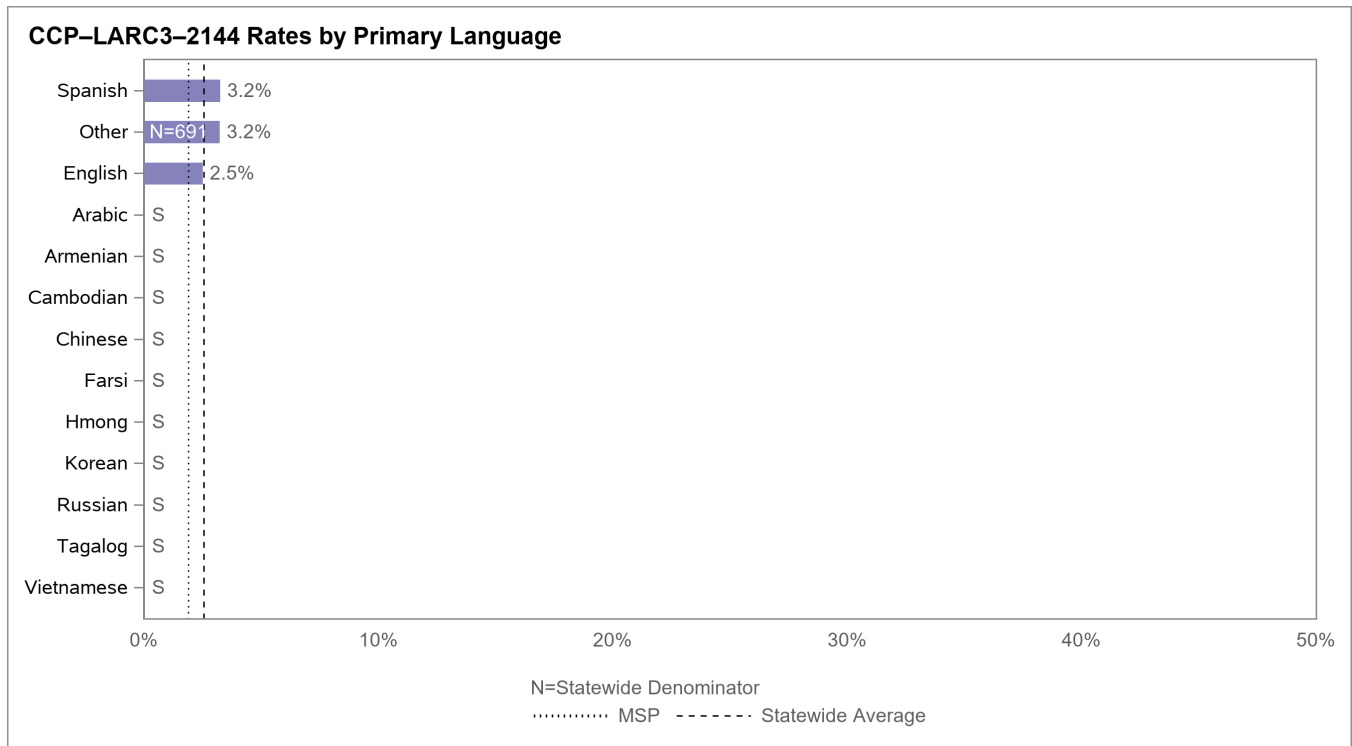
Figure B.27—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.

CCP–LARC60–1520 Rates by Primary Language

Language	Rate
Spanish	N=2,941 — 19.3%
English	N=6,812 — 12.2%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA
Vietnamese	NA

N=Statewide Denominator
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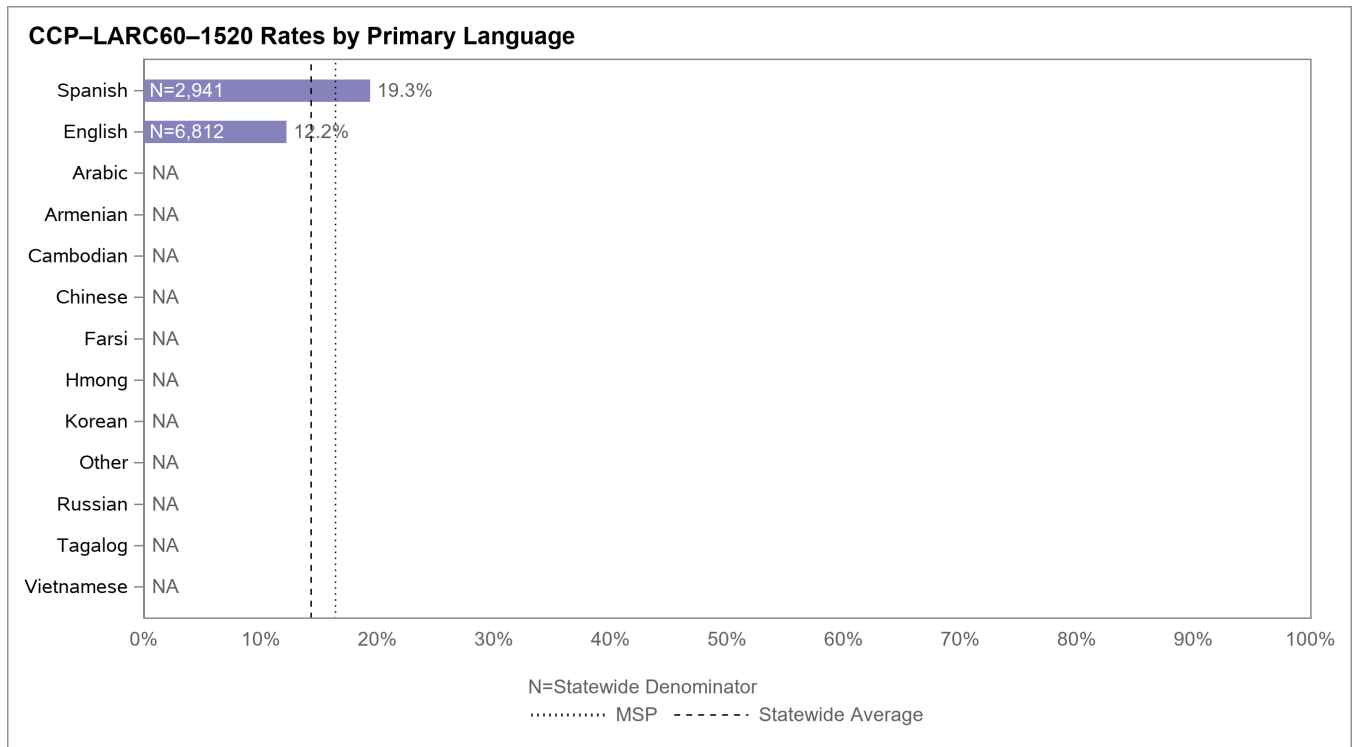
Figure B.28—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The Chinese group had a statewide denominator of N=707.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The median state performance rate represents the 50th percentile.

CCP–LARC60–2144 Rates by Primary Language

Primary Language	Rate
Spanish	N=15,747 — 15.7%
Arabic	N=417 — 15.1%
Other	N=691 — 13.0%
Farsi	N=218 — 11.9%
Russian	N=230 — 10.9%
English	N=81,045 — 10.6%
Vietnamese	N=694 — 8.4%
Armenian	N=362 — 8.0%
Chinese	3.5%
Cambodian	S
Hmong	S
Korean	S
Tagalog	S

N=Statewide Denominator

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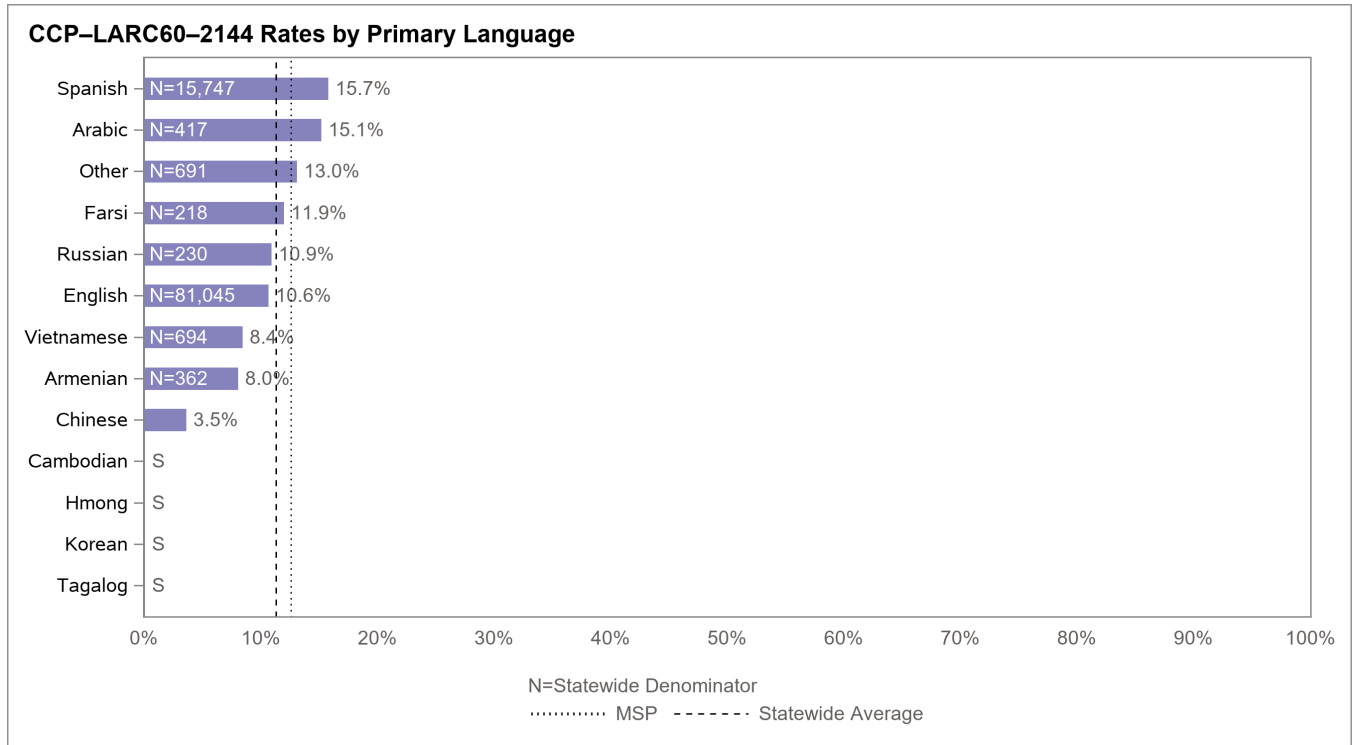
Figure B.29—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.

CCP–MMEC3–1520 Rates by Primary Language

Primary Language	Rate
Spanish	N=2,941 6.4%
English	N=6,812 4.4%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA
Vietnamese	NA

N=Statewide Denominator

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Figure B.30—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The following are the denominator sizes for select primary language groups: Chinese (707) and Armenian (362).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The median state performance rate represents the 50th percentile.

CCP–MMEC3–2144 Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
Tagalog	N=70	18.6%
Spanish	N=15,747	12.9%
English	N=81,045	10.1%
Other	N=691	8.0%
Vietnamese	N=694	7.9%
Arabic	N=417	6.2%
Chinese		5.0%
Armenian		3.6%
Cambodian		S
Farsi		S
Hmong		S
Korean		S
Russian		S

N=Statewide Denominator

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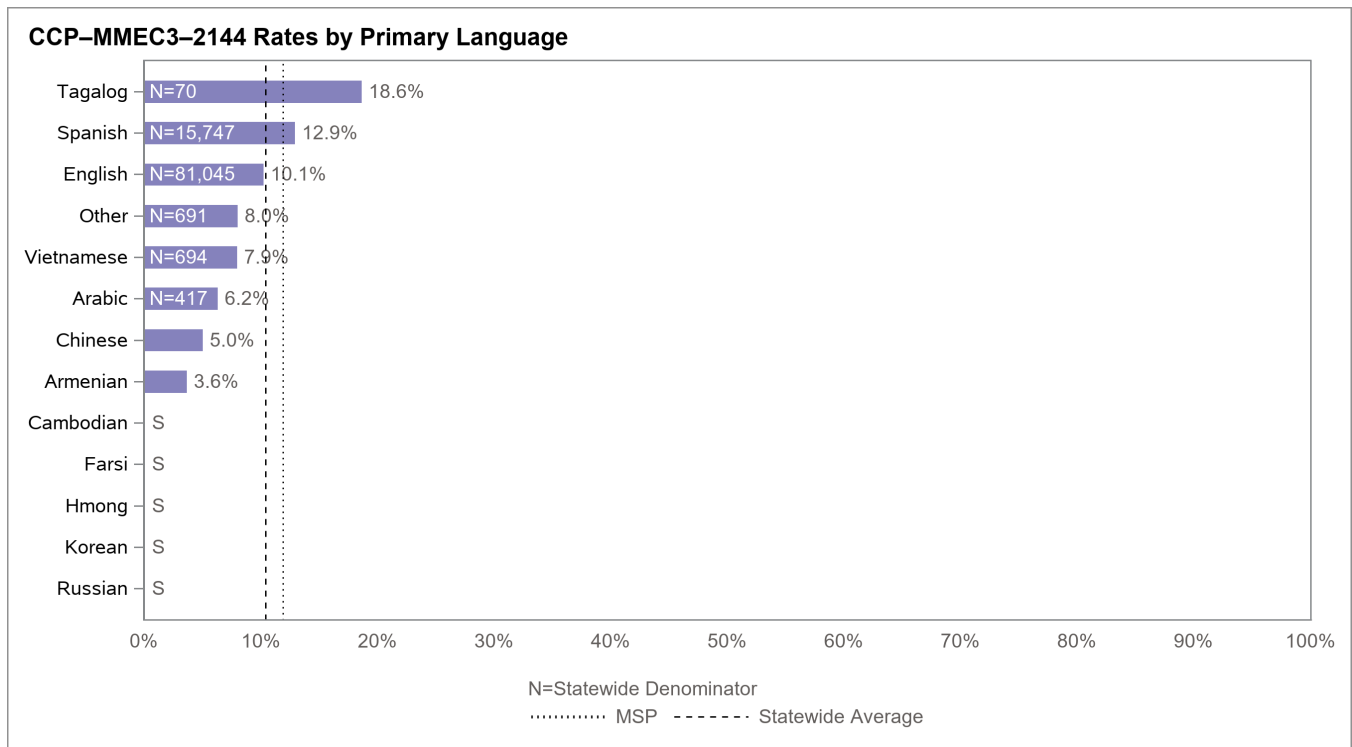
Figure B.31—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The median state performance rate represents the 50th percentile.

CCP–MMEC60–1520 Rates by Primary Language

Primary Language	Rate
Spanish	N=2,941 — 40.3%
English	N=6,812 — 36.1%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA
Vietnamese	NA

N=Statewide Denominator

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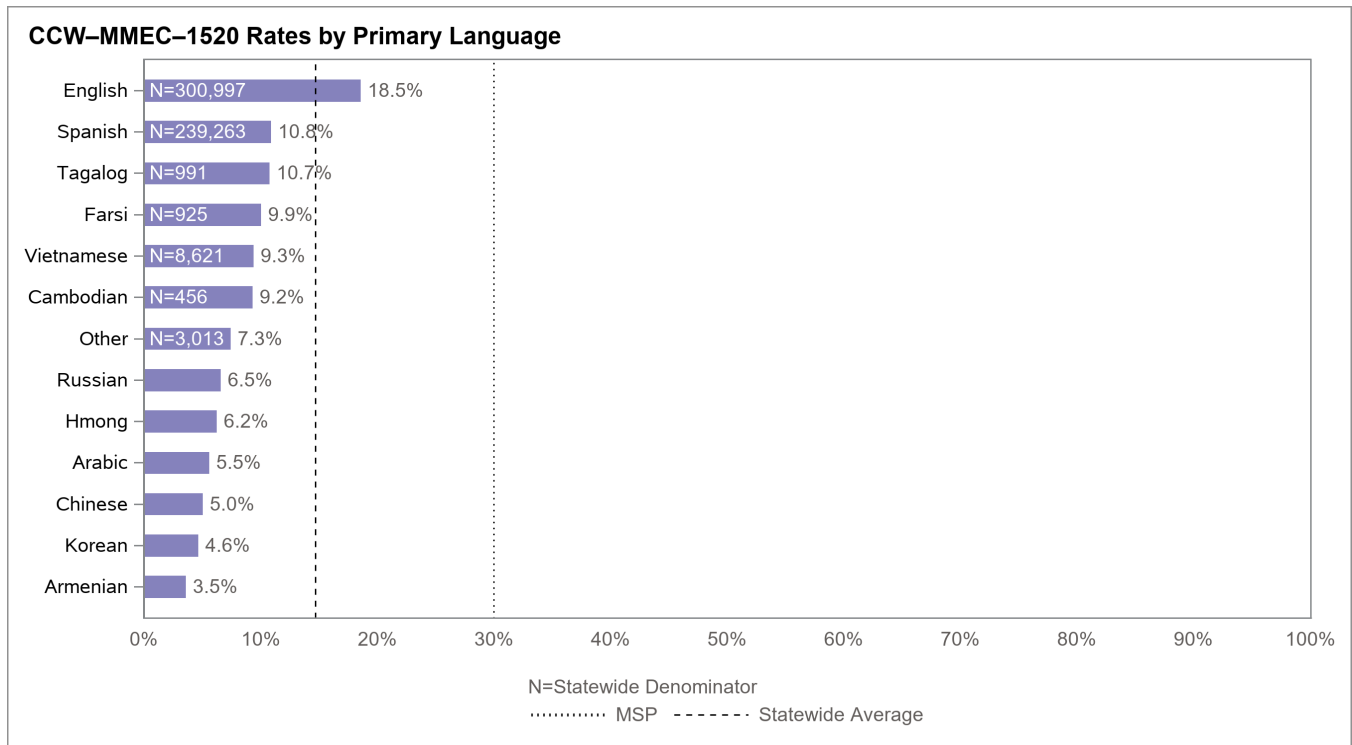
Figure B.32—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The median state performance rate represents the 50th percentile.

CCP–MMEC60–2144 Rates by Primary Language

Primary Language	N	Rate
Tagalog	N=70	44.3%
Spanish	N=15,747	44.1%
Vietnamese	N=694	35.9%
English	N=81,045	35.8%
Arabic	N=417	31.9%
Cambodian	N=58	31.0%
Other	N=691	26.3%
Farsi	N=218	25.7%
Russian	N=230	17.4%
Hmong	N=175	17.1%
Chinese	N=707	16.7%
Armenian	N=362	15.5%
Korean	S	

N=Statewide Denominator

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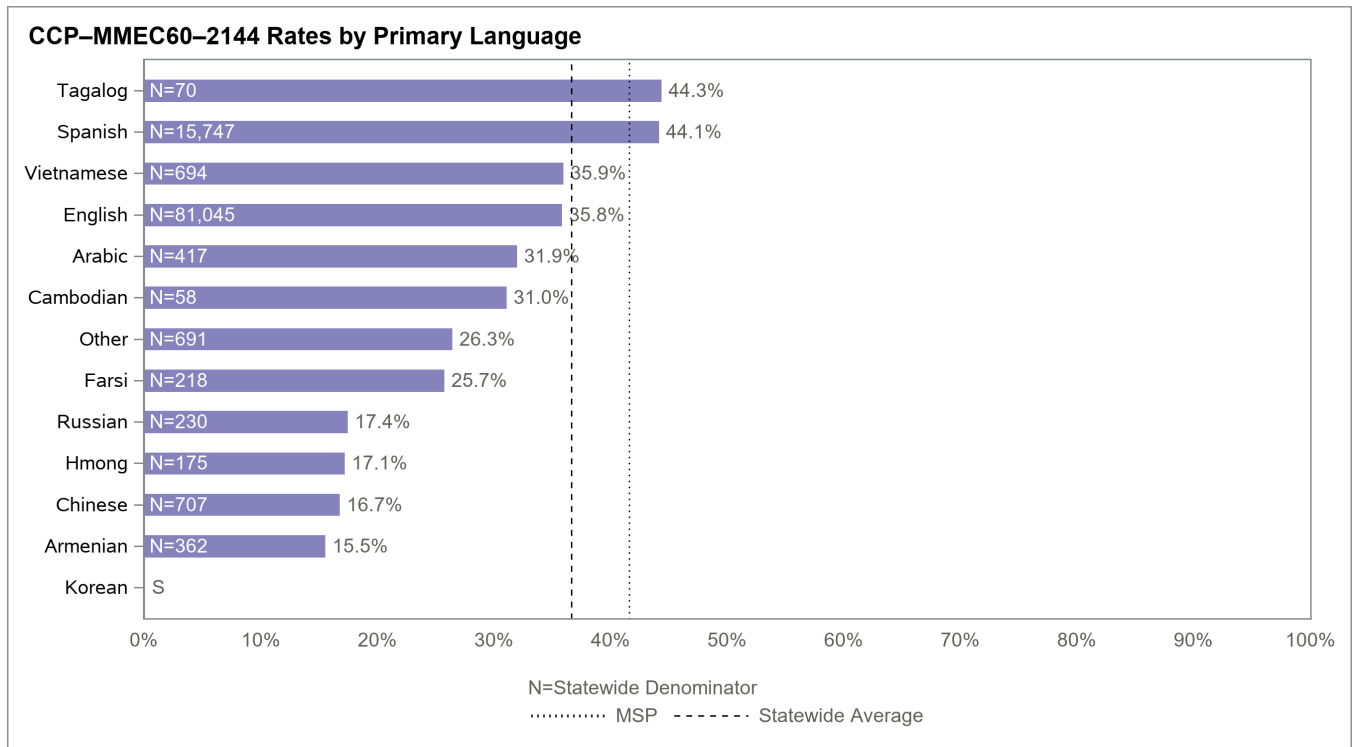
Figure B.33—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

PPC–Pst Rates by Primary Language

Primary Language	N	Rate
Chinese	N=134	97.8%
Arabic	N=92	92.4%
Vietnamese	N=139	91.4%
Farsi	N=50	90.0%
Spanish	N=3,393	88.2%
Other	N=191	88.0%
Russian	N=56	83.9%
English	N=15,752	78.5%
Hmong	N=38	63.2%
Armenian	NA	
Cambodian	NA	
Korean	NA	
Tagalog	NA	

N=Statewide Denominator

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Figure B.34—Prenatal and Postpartum Care—Prenatal Care (PPC–Pre) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).
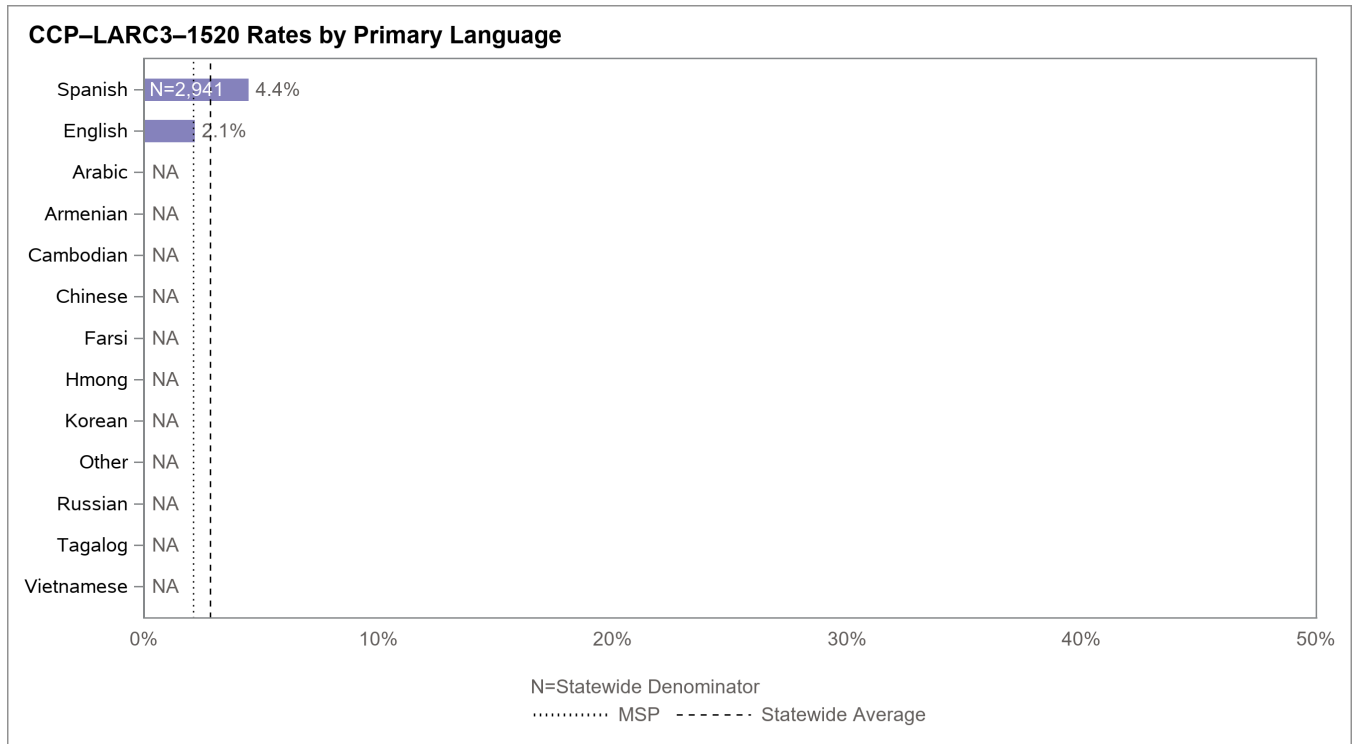
The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

PPC–Pre Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
Chinese	N=134	94.0%
Farsi	N=50	94.0%
Vietnamese	N=139	91.4%
Spanish	N=3,393	88.9%
Russian	N=56	87.5%
English	N=15,752	87.3%
Other	N=191	86.9%
Arabic	N=92	85.9%
Hmong	N=38	78.9%
Armenian	NA	
Cambodian	NA	
Korean	NA	
Tagalog	NA	

N=Statewide Denominator

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Behavioral Health Domain

Figure B.35 through Figure B.44 display the statewide Behavioral Health domain indicator rates and denominator for each primary language group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed.

Figure B.35—Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–Acute) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 76.3 percent (N=190).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

AMM–Acute Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
Tagalog	N=107	73.8%
Armenian	N=440	72.3%
Arabic	N=510	70.0%
Korean	N=155	67.7%
Farsi	N=671	67.7%
Cambodian	N=204	67.6%
Other	N=702	64.4%
Vietnamese	N=752	63.6%
Chinese	N=658	61.6%
English	N=82,656	60.1%
Spanish	N=16,654	58.1%
Russian	N=182	57.1%
Hmong	N=237	43.9%

N=Statewide Denominator

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Figure B.36—Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–Cont) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 56.3 percent (N=190).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

AMM–Cont Rates by Primary Language

Primary Language	N	Rate
Armenian	N=440	57.3%
Farsi	N=671	52.9%
Cambodian	N=204	52.5%
Arabic	N=510	52.4%
Tagalog	N=107	48.6%
Vietnamese	N=752	46.0%
Other	N=702	45.9%
Russian	N=182	44.0%
Chinese	N=658	43.6%
English	N=82,656	43.6%
Korean	N=155	42.6%
Spanish	N=16,654	39.2%
Hmong	N=237	29.1%

N=Statewide Denominator
·········· MPL ------ Statewide Average — — — · HPL

Figure B.37—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 72.8 percent (N=1,338).

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).
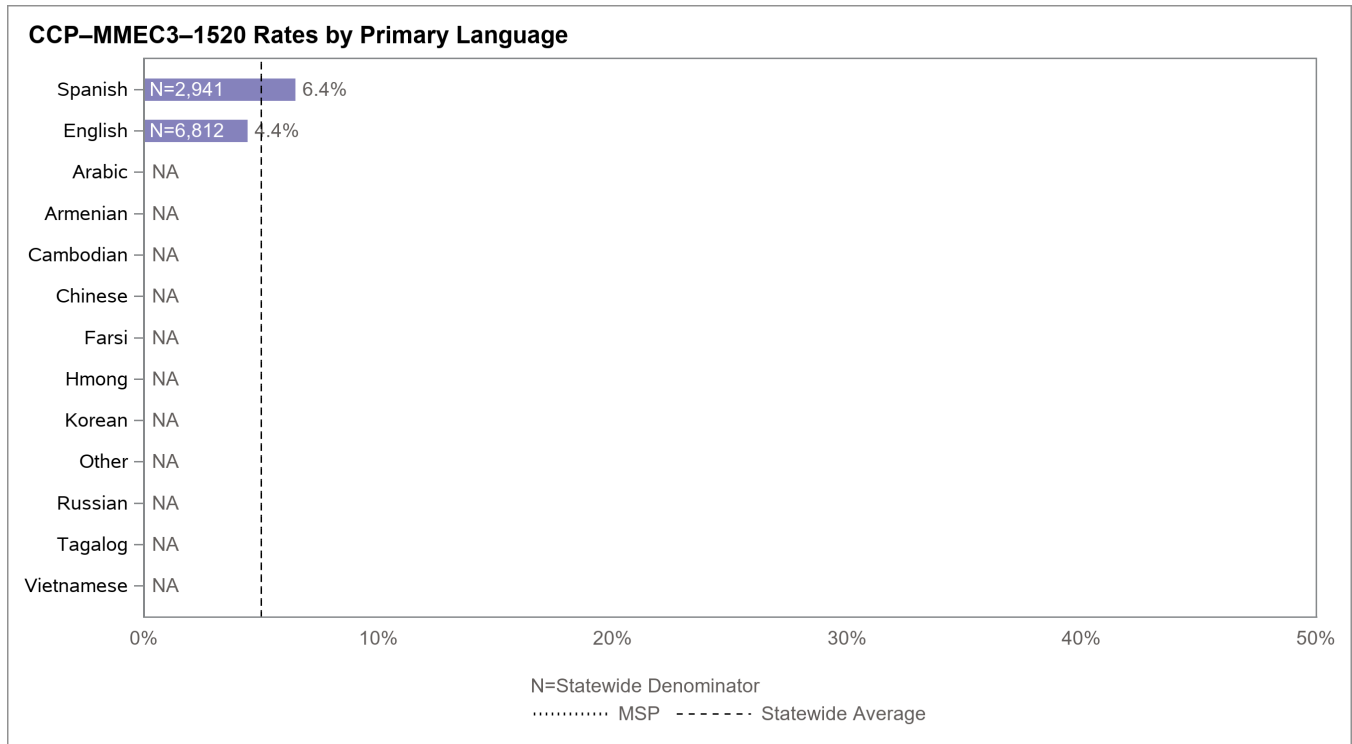
The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

SSD Rates by Primary Language

Primary Language	N	Rate
Tagalog	N=50	80.0%
Korean	N=87	79.3%
Arabic	N=38	78.9%
English	N=41,368	76.1%
Spanish	N=2,401	75.7%
Farsi	N=81	75.3%
Other	N=152	74.3%
Russian	N=53	73.6%
Armenian	N=180	72.2%
Vietnamese	N=597	67.5%
Chinese	N=233	64.4%
Cambodian	N=58	62.1%
Hmong	NA	

N=Statewide Denominator

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Figure B.38—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small numerator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).
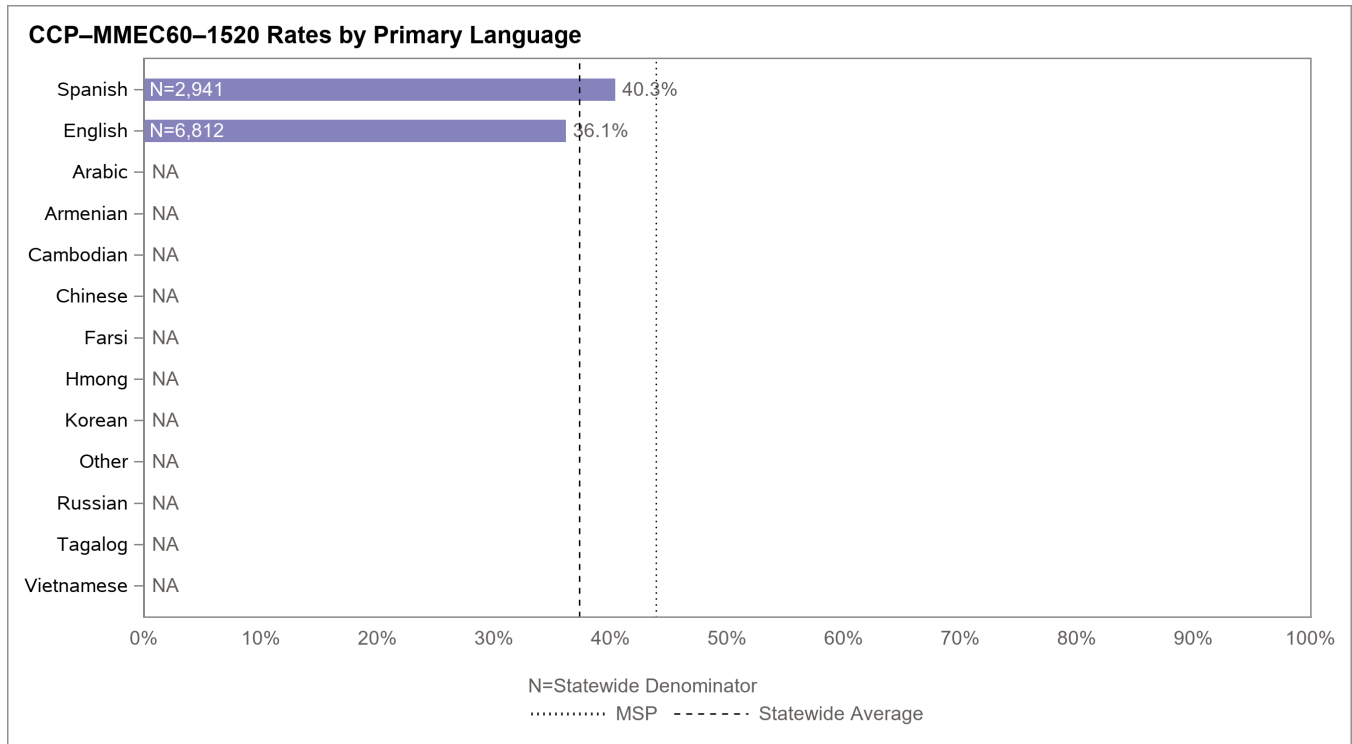
The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

ADD–Init Rates by Primary Language

Language	Rate
Chinese (N=72)	48.6%
Spanish (N=4,239)	46.0%
English (N=14,403)	43.3%
Arabic (N=31)	41.9%
Vietnamese (N=53)	39.6%
Other (N=49)	36.7%
Armenian	NA
Cambodian	NA
Farsi	NA
Hmong	NA
Korean	NA
Russian	NA
Tagalog	NA

N=Statewide Denominator
·········· MPL - - - - - - Statewide Average — — — · HPL

Figure B.39—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small numerator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

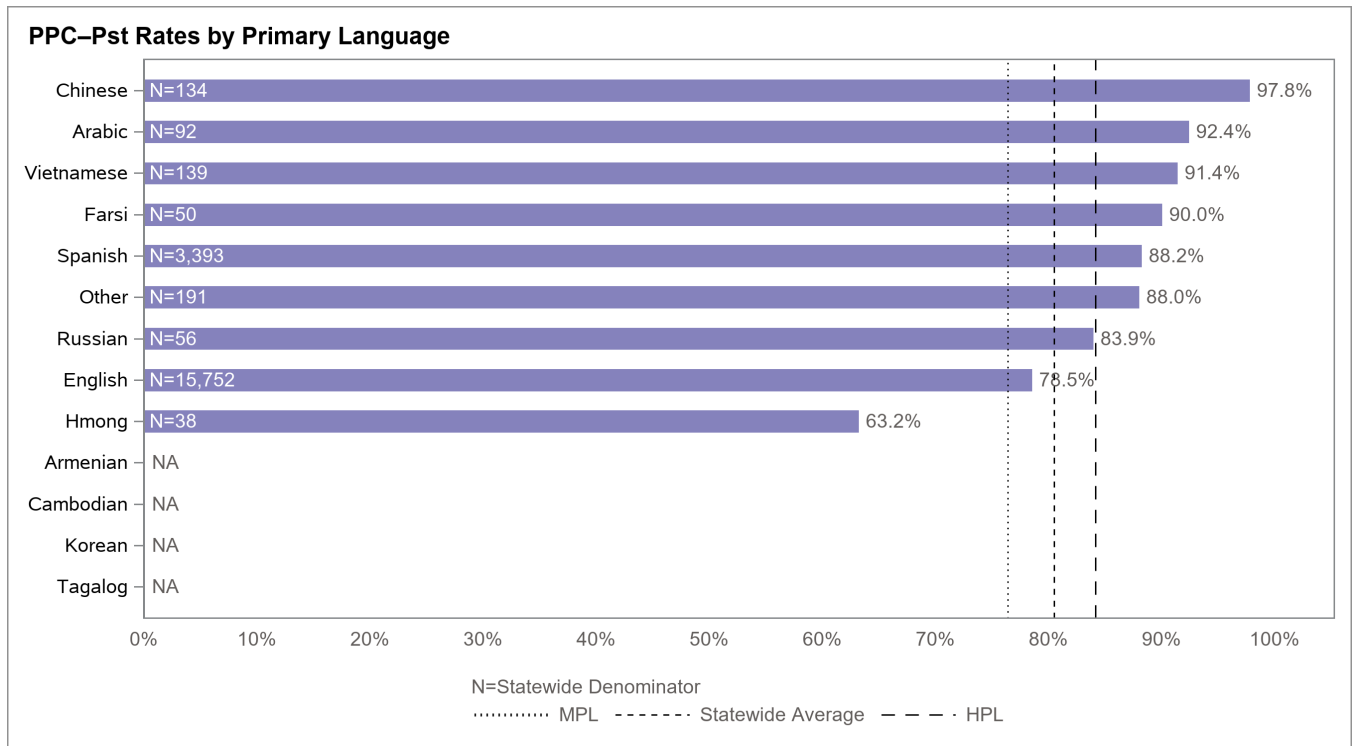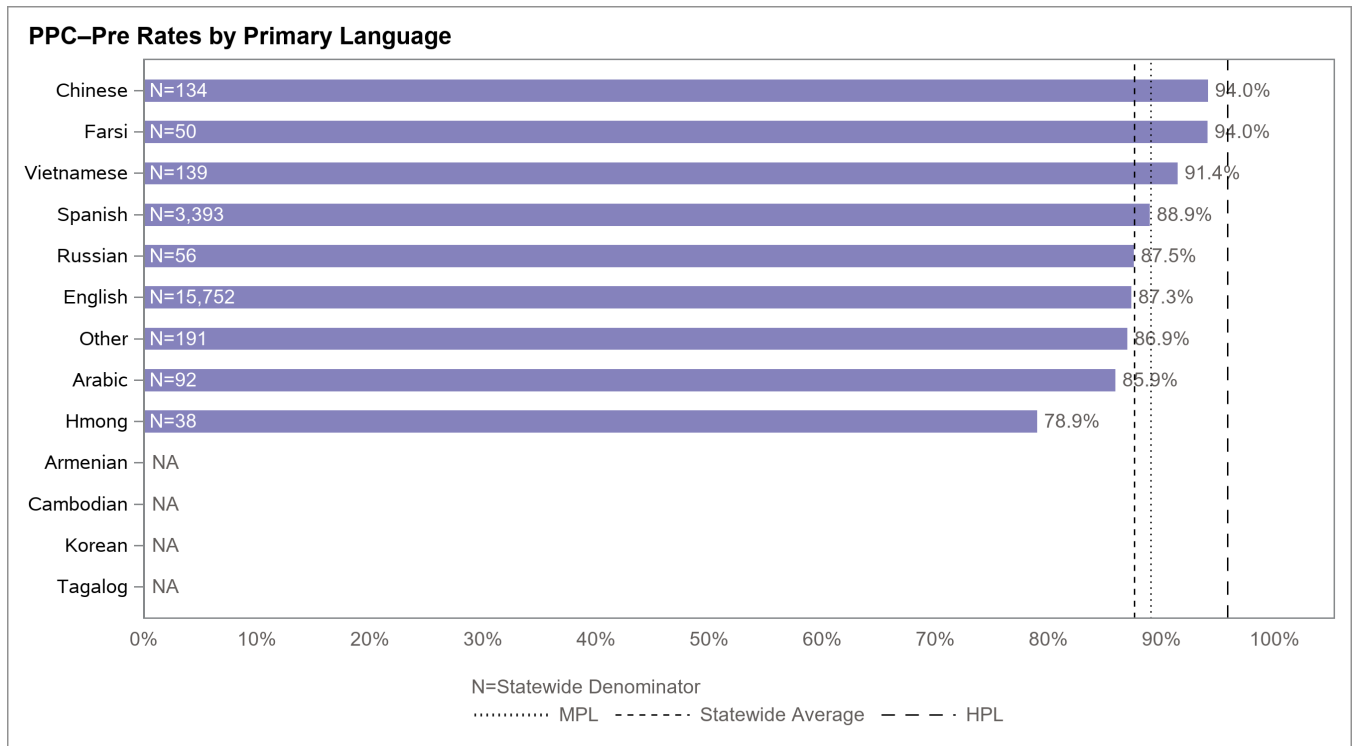The high performance level represents the national Medicaid 90th percentile for this indicator.

ADD–C&M Rates by Primary Language

Primary Language	Rate
Spanish	N=621 — 50.4%
English	N=3,391 — 49.1%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA
Vietnamese	NA

N=Statewide Denominator

·········· MPL   - - - - - - Statewide Average   — — — · HPL
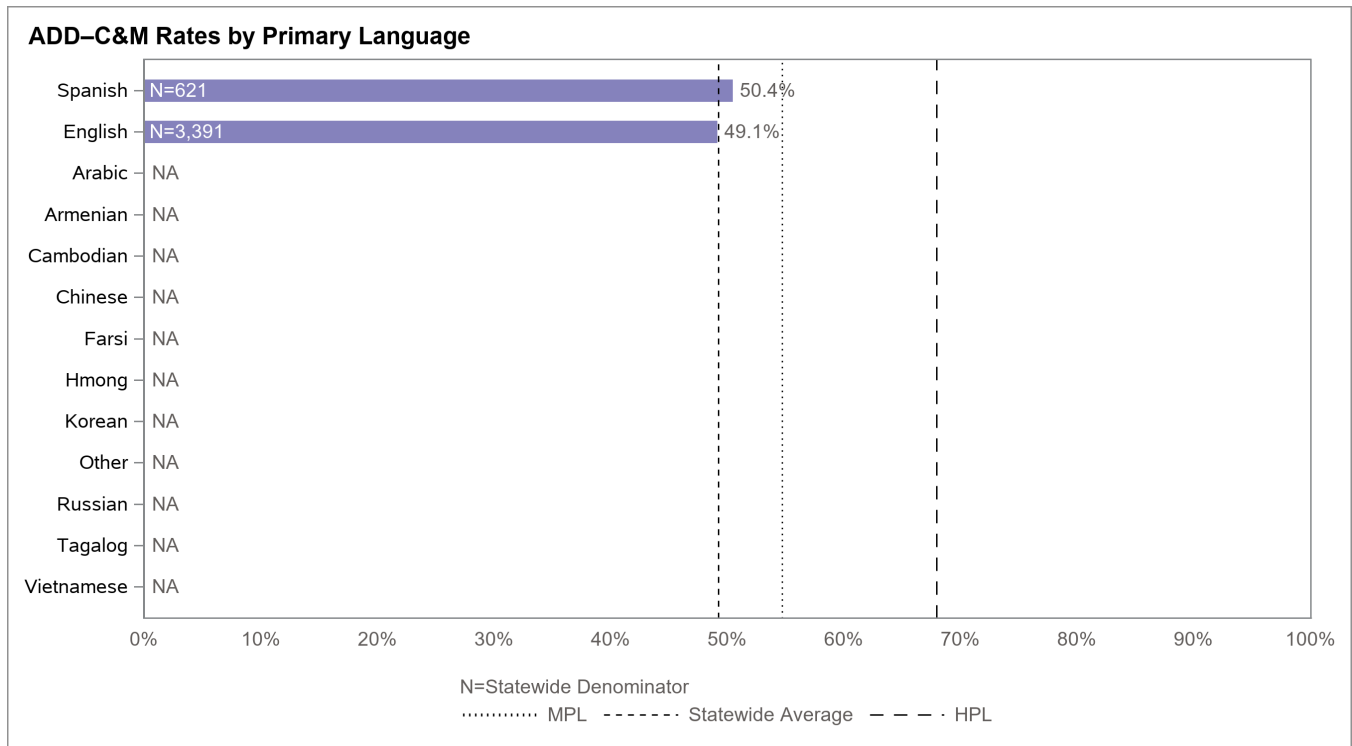
Figure B.40—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

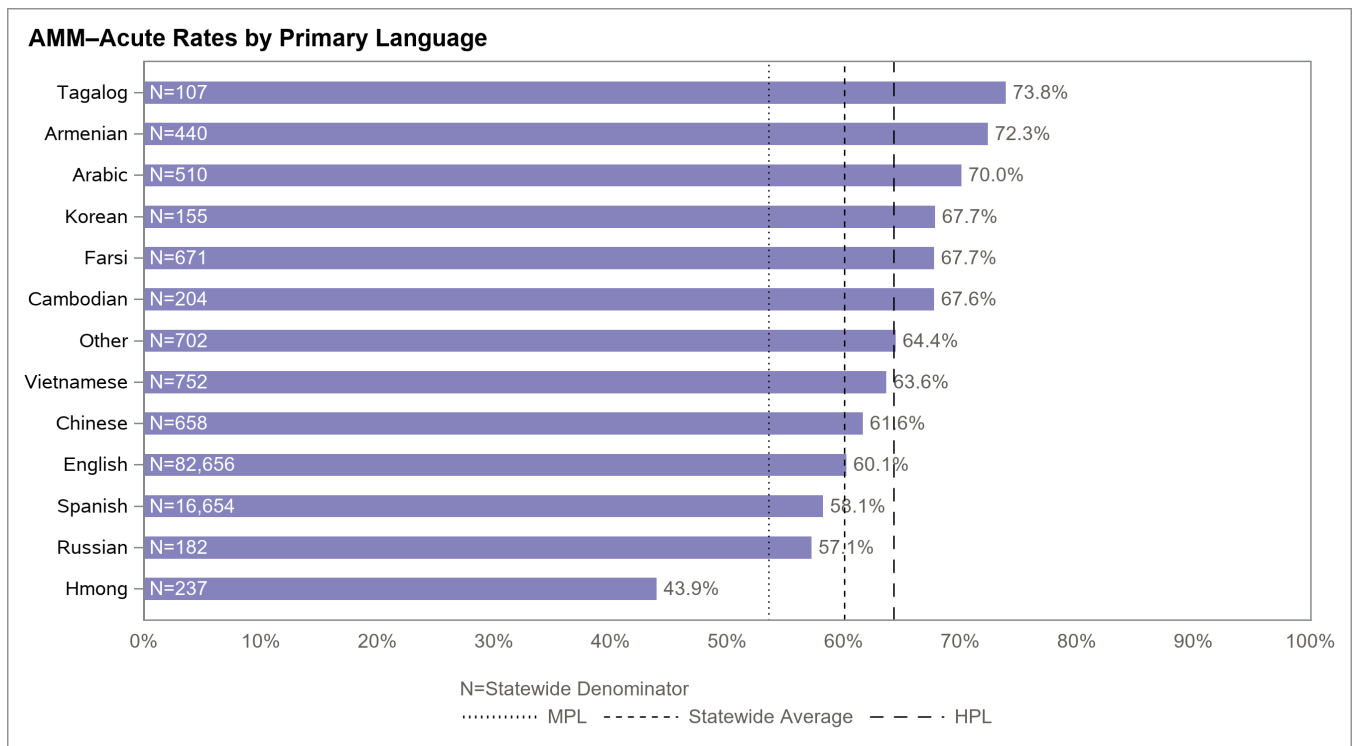The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–B Rates by Primary Language

Primary Language	Rate
Spanish	N=1,506 — 61.4%
Vietnamese	N=74 — 56.8%
English	N=5,949 — 54.2%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA

N=Statewide Denominator

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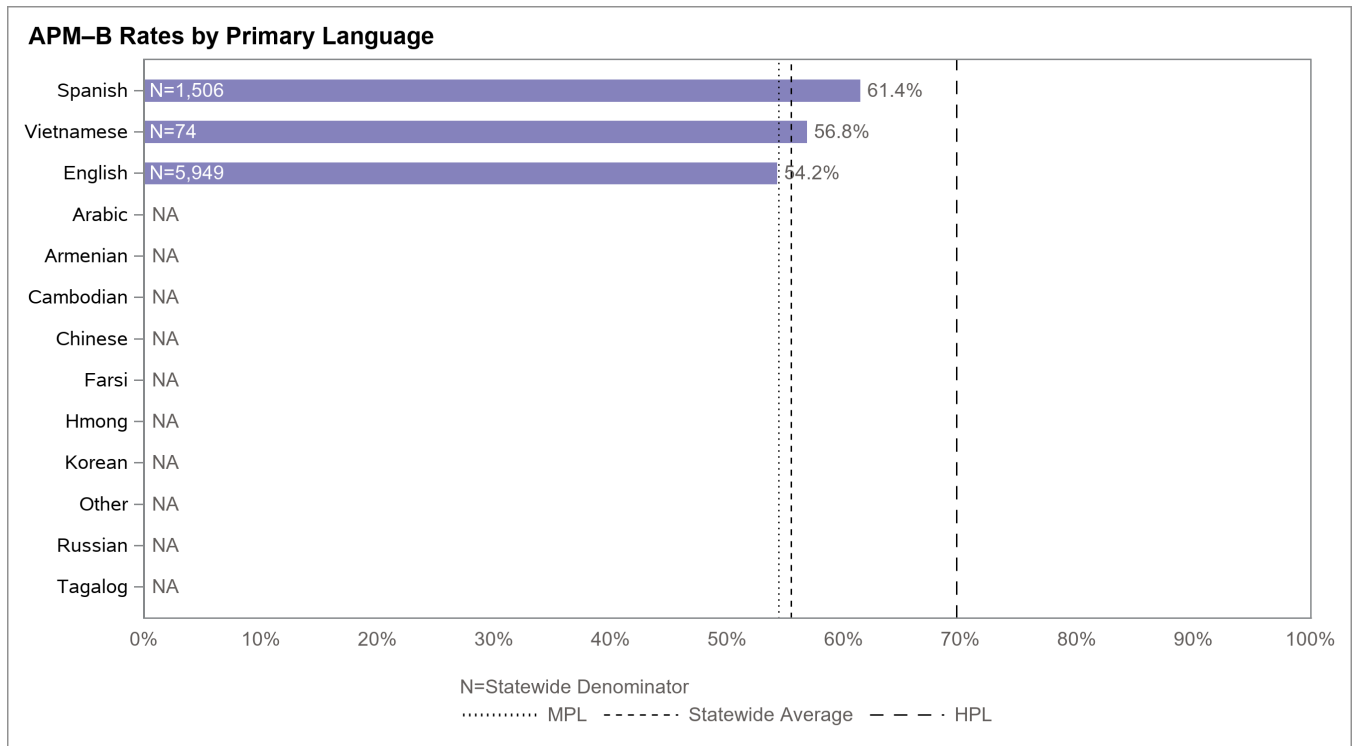
Figure B.41—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

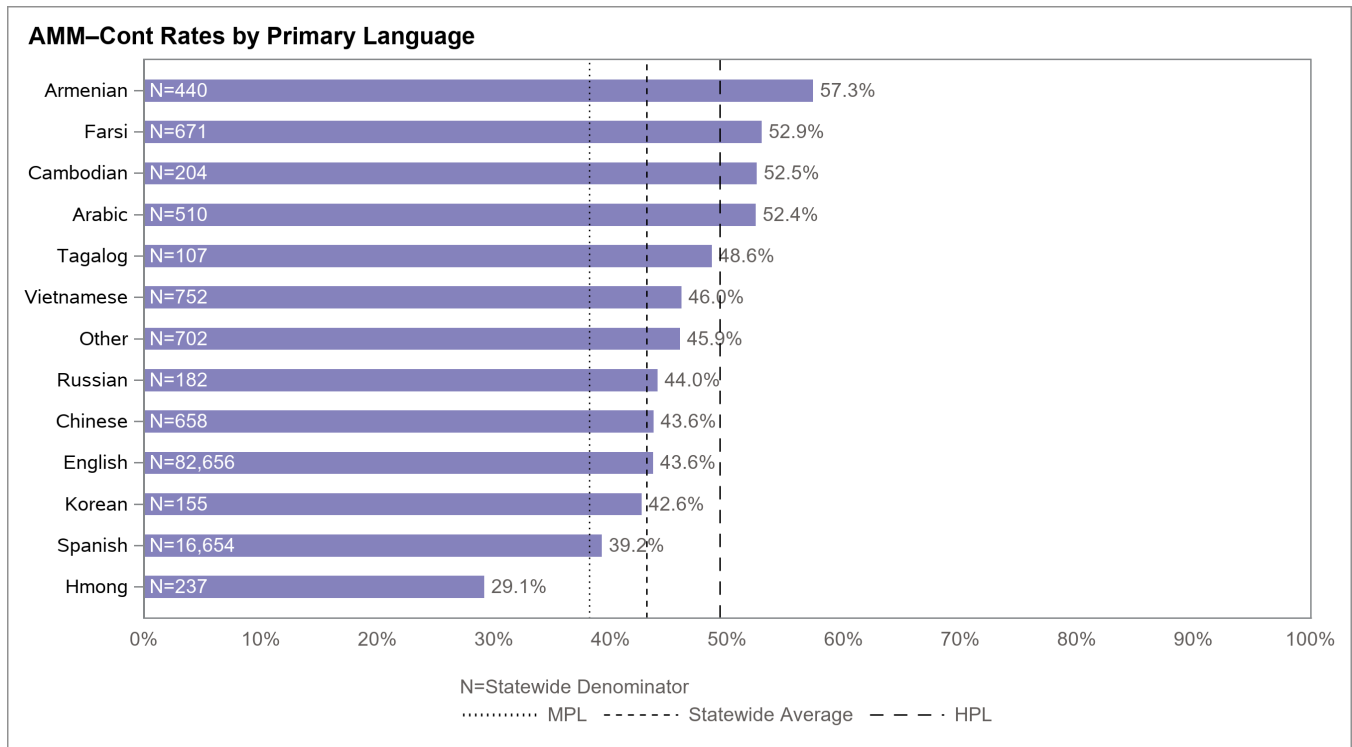The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–C Rates by Primary Language

Primary Language	Rate
Spanish	N=1,506 — 45.8%
Vietnamese	N=74 — 44.6%
English	N=5,949 — 37.5%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA

N=Statewide Denominator
·········· MPL   – – – – – – Statewide Average   — — — · HPL

Figure B.42—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Primary Language

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
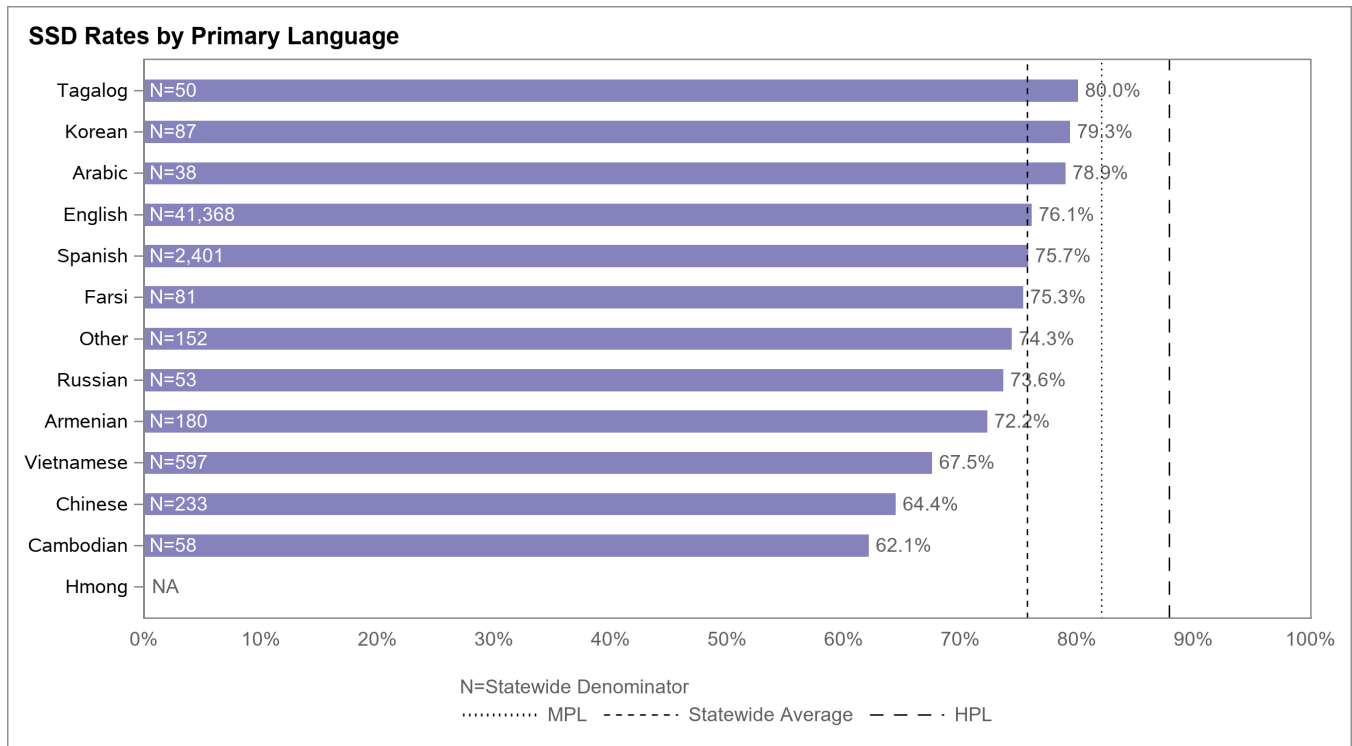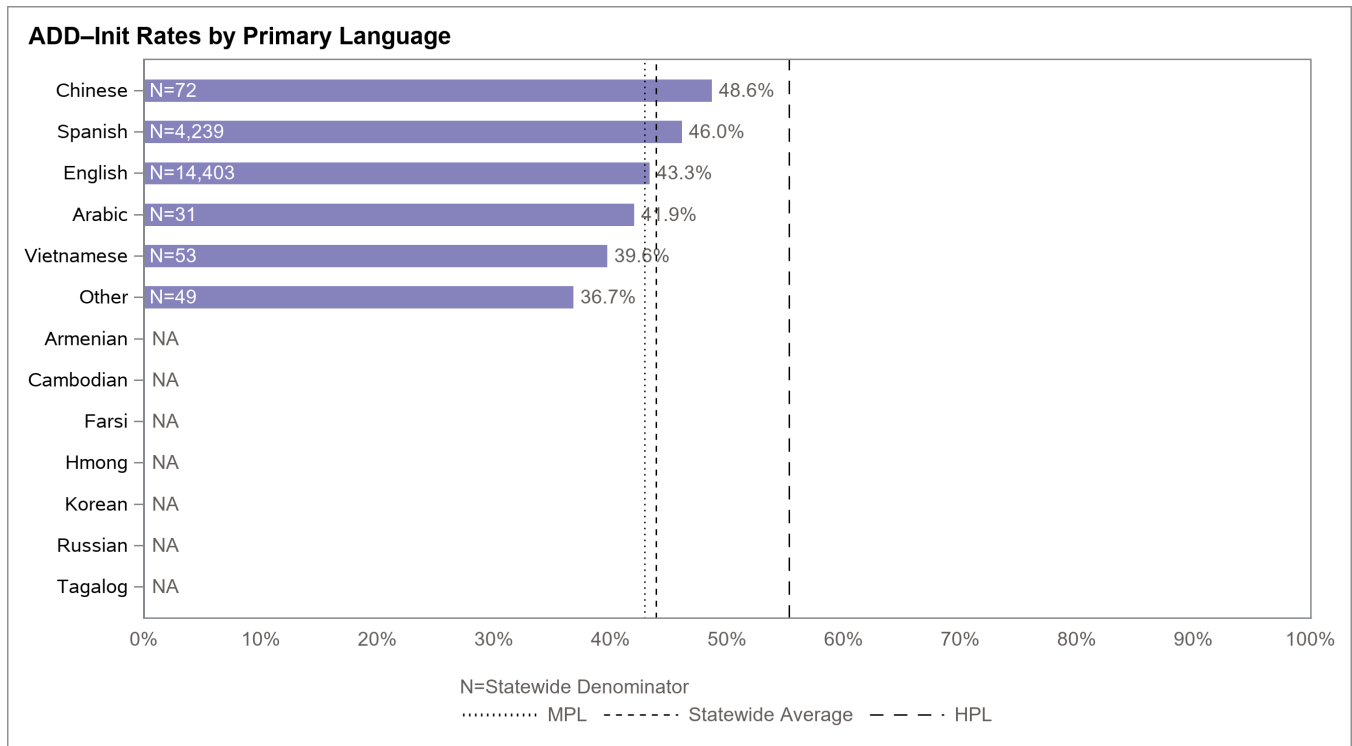

APM–BC Rates by Primary Language

Primary Language	Rate
Spanish	N=1,506 — 44.6%
Vietnamese	N=74 — 43.2%
English	N=5,949 — 36.9%
Arabic	NA
Armenian	NA
Cambodian	NA
Chinese	NA
Farsi	NA
Hmong	NA
Korean	NA
Other	NA
Russian	NA
Tagalog	NA

N=Statewide Denominator

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Figure B.43—Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF–1217) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 10.4 percent (N=1,467).

The Armenian group had a statewide denominator of N=2,897.

CDF–1217 Rates by Primary Language

Language	N	Rate
Arabic	N=3,912	25.0%
Chinese	N=10,126	23.7%
Cambodian	N=485	20.0%
English	N=447,598	18.4%
Spanish	N=387,687	18.2%
Vietnamese	N=12,862	18.0%
Tagalog	N=1,282	16.9%
Korean	N=2,116	16.4%
Farsi	N=1,712	16.3%
Other	N=4,762	13.9%
Hmong	N=1,550	11.0%
Russian	N=1,906	7.2%
Armenian		1.0%

- - - - - - Statewide Average   N=Statewide Denominator
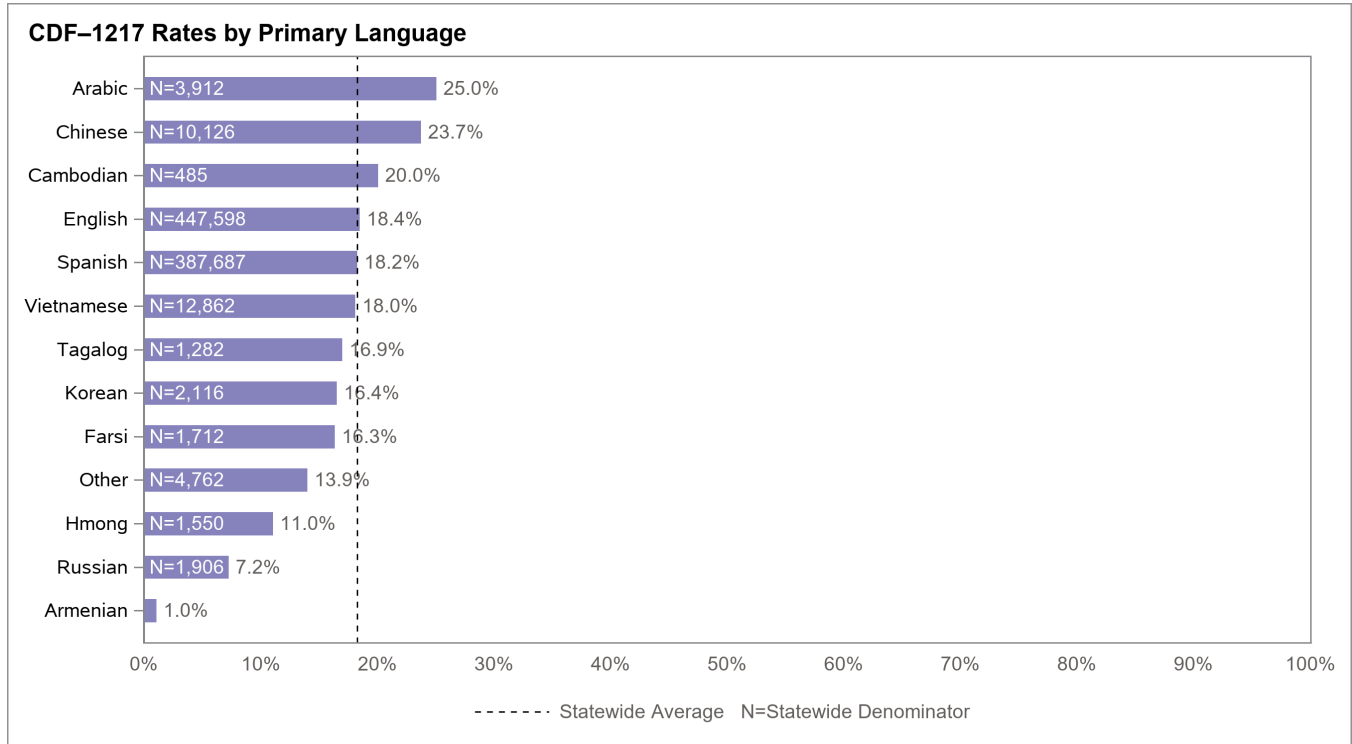
Figure B.44—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF–18+) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 6.8 percent (N=20,396).

The following are the denominator sizes for select primary language groups: Vietnamese (84,673), Cambodian (5,263), Russian (12,107), Korean (10,309), Hmong (5,528), and Armenian (25,417).

CDF–18+ Rates by Primary Language

Primary Language	Rate
Arabic (N=20,903)	25.0%
Chinese (N=64,287)	16.6%
Farsi (N=14,502)	14.0%
Spanish (N=711,378)	12.1%
Tagalog (N=13,044)	11.6%
English (N=2,234,953)	11.5%
Other (N=33,341)	9.0%
Vietnamese	7.8%
Cambodian	6.6%
Russian	6.4%
Korean	6.3%
Hmong	4.3%
Armenian	1.8%

- - - - - - Statewide Average   N=Statewide Denominator
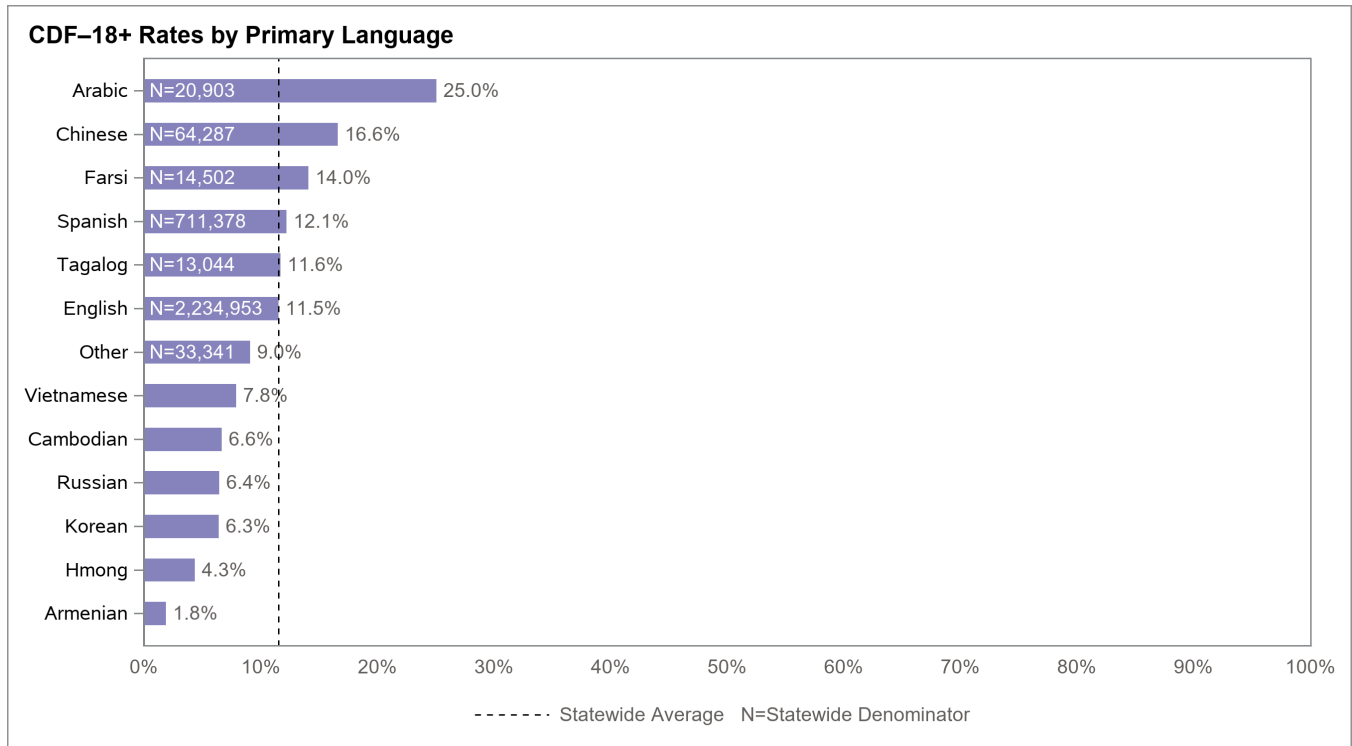
Acute and Chronic Disease Management Domain

Figure B.45 through Figure B.51 display the statewide Acute and Chronic Disease Management domain indicator rates and denominator for each primary language group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed, where applicable.

Figure B.45—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 26.1 emergency department visits per 1,000 member months (N=302,720).

The Chinese group had a statewide denominator of N=1,738,325.

AMB–ED Rates by Primary Language

Primary Language	N (Statewide Denominator)	Rate
Chinese		7.5
Korean	N=294,867	8.1
Vietnamese	N=1,874,436	9.4
Hmong	N=213,326	11.4
Cambodian	N=135,070	13.6
Tagalog	N=260,272	16.0
Russian	N=355,649	21.0
Spanish	N=29,985,376	22.6
Armenian	N=561,237	23.3
Other	N=842,558	25.7
Farsi	N=321,602	32.3
Arabic	N=489,971	34.2
English	N=76,767,263	37.1

ED Visits per 1,000 Member Months

- - - - - - Statewide Average   N=Statewide Denominator

Figure B.46—Asthma Medication Ratio—Total (AMR) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 67.0 percent (N=264).

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
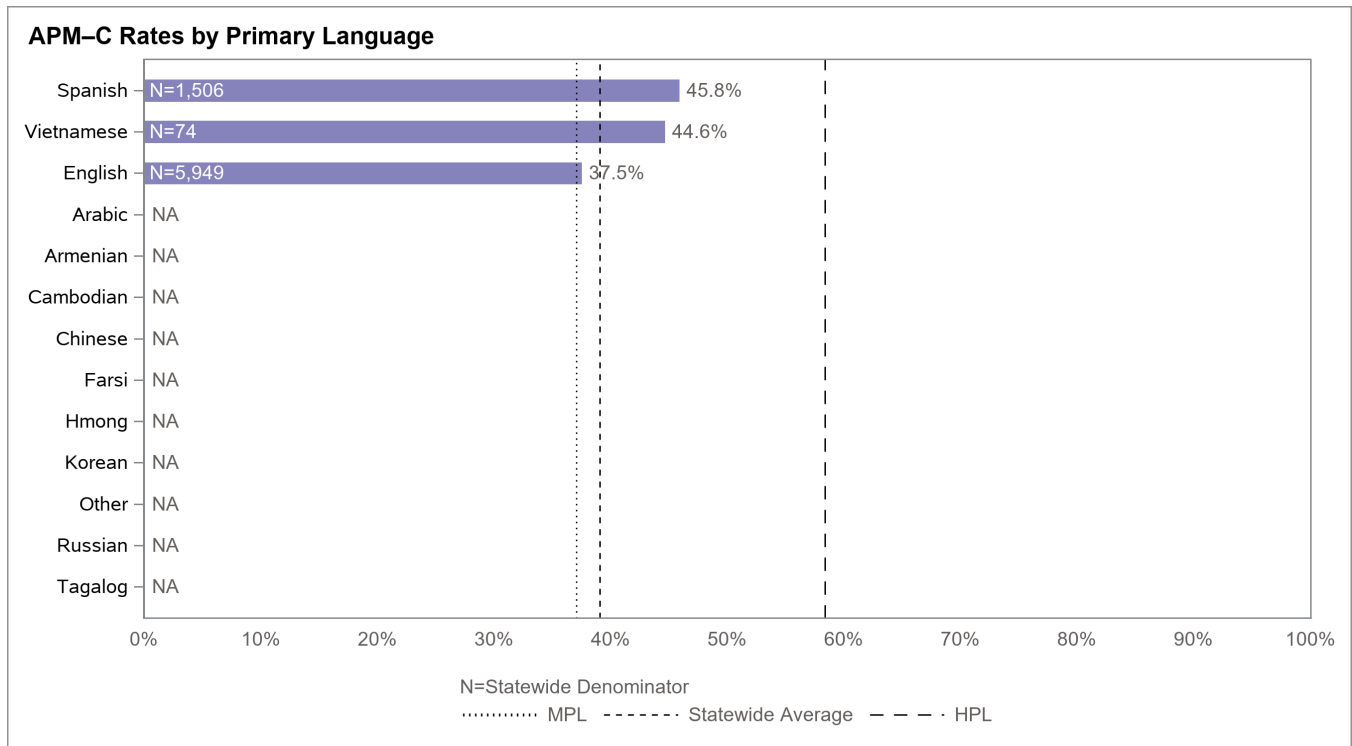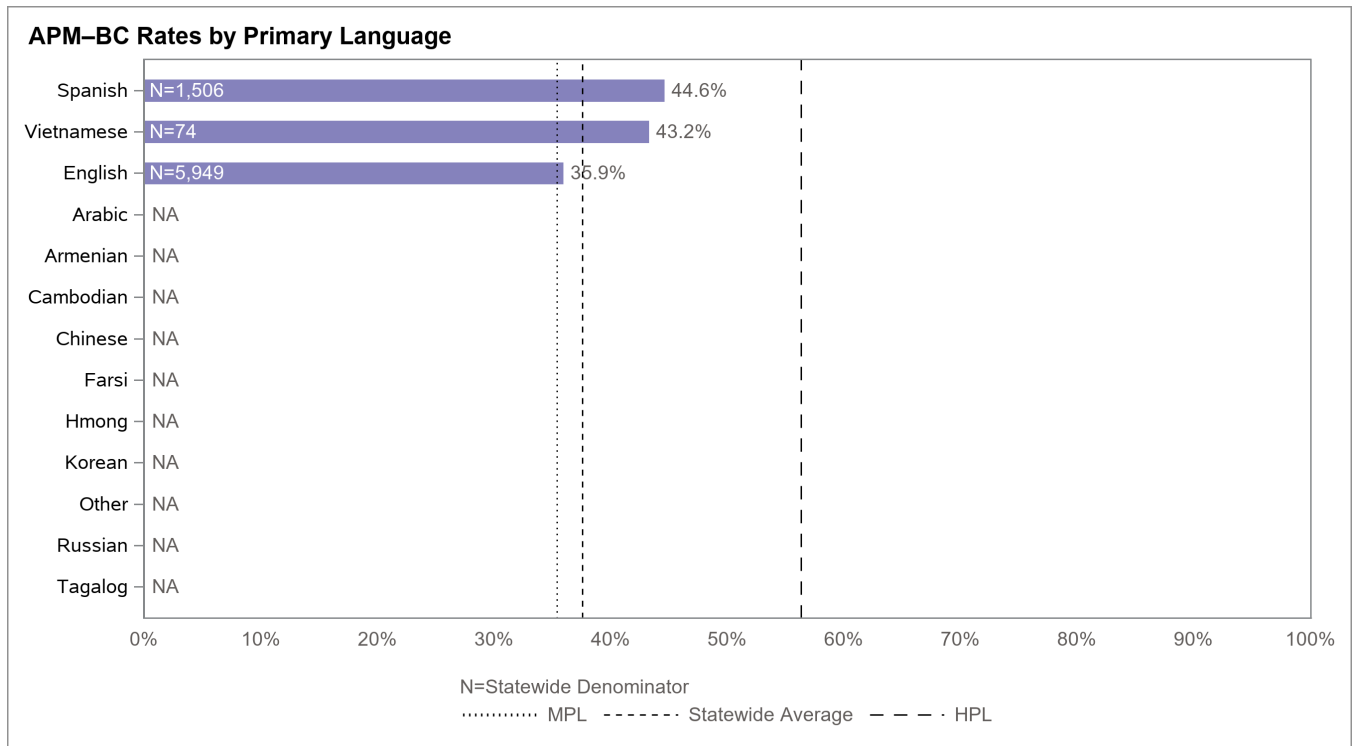
AMR Rates by Primary Language

Language	N	Rate
Chinese	N=541	78.7%
Vietnamese	N=1,642	71.9%
Other	N=669	71.3%
Spanish	N=23,856	70.5%
Arabic	N=439	68.1%
Farsi	N=189	66.1%
Hmong	N=231	64.1%
Tagalog	N=176	63.6%
Cambodian	N=360	63.1%
Korean	N=54	63.0%
English	N=77,325	62.1%
Russian	N=114	59.6%
Armenian	N=378	45.5%

N=Statewide Denominator

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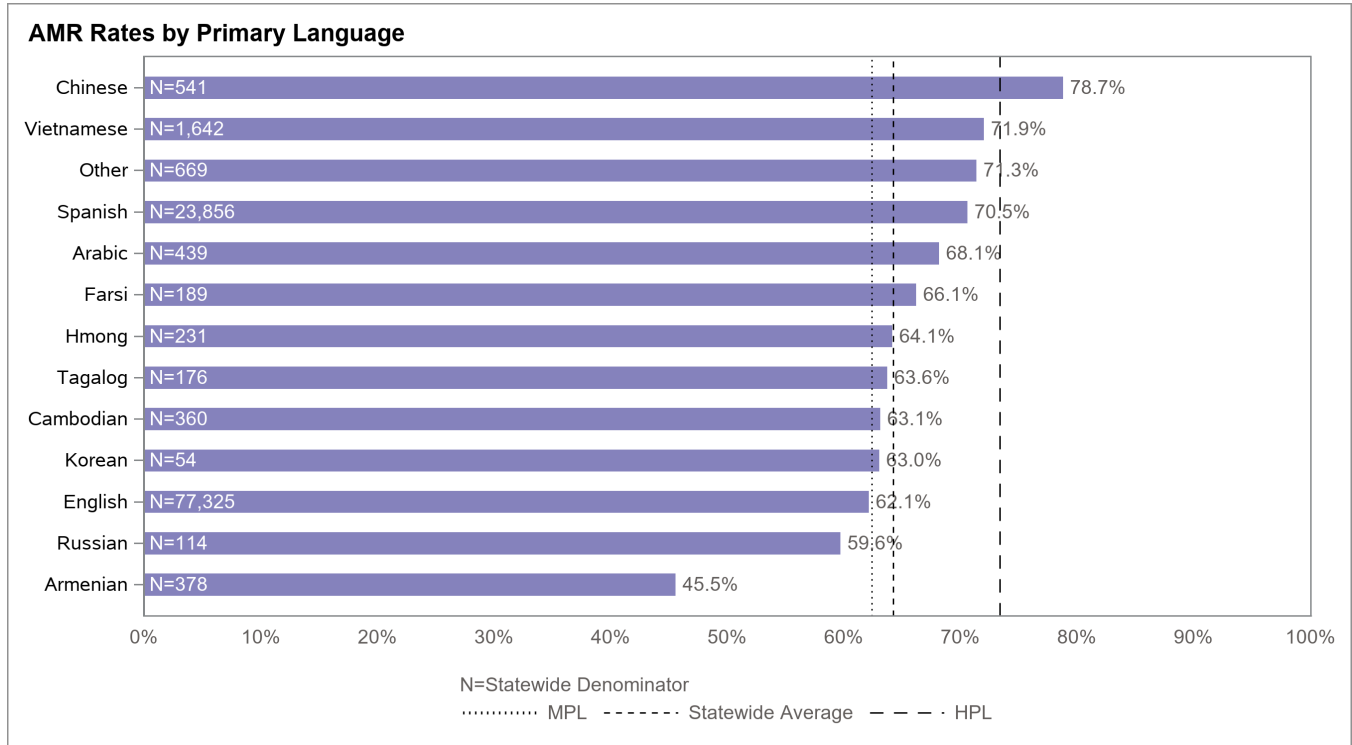
Figure B.47—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 33.9 percent (N=109).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

NA indicates the rate for the primary language group had a small denominator (i.e., less than 30).

A lower rate indicates more favorable performance for this indicator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CDC–H9 Rates by Primary Language

Primary Language	Rate
Vietnamese (N=354)	23.4%
Arabic (N=137)	24.1%
Russian (N=104)	26.9%
Tagalog (N=209)	30.1%
Chinese (N=325)	30.2%
Farsi (N=62)	32.3%
Cambodian (N=47)	34.0%
Other (N=471)	34.4%
Spanish (N=5,847)	37.4%
English (N=13,968)	43.7%
Hmong (N=81)	55.6%
Korean	S
Armenian	NA

N=Statewide Denominator

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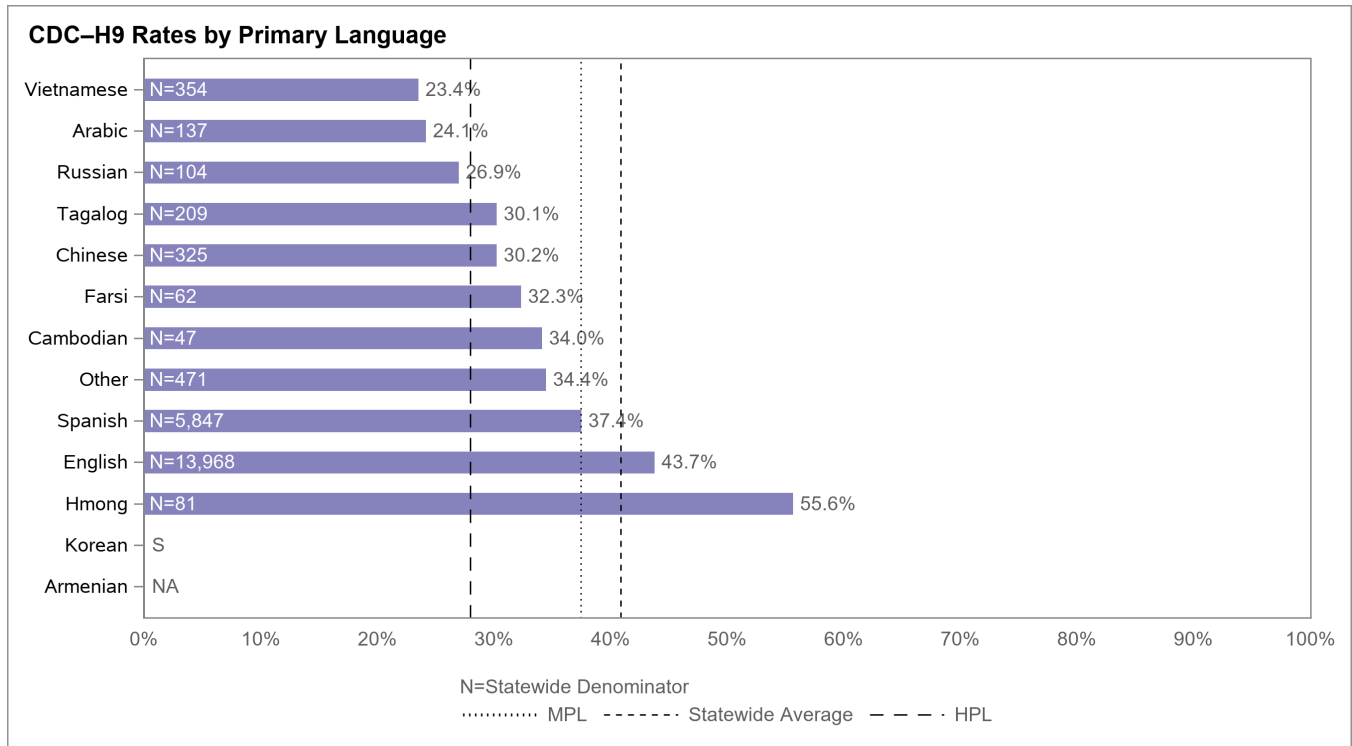
Figure B.48—Concurrent Use of Opioids and Benzodiazepines (COB) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 19.0 percent (N=627).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

A lower rate indicates more favorable performance for this indicator

The median state performance rate represents the 50th percentile.

COB Rates by Primary Language

Primary Language	Rate
Vietnamese	N=1,529 3.5%
Chinese	N=327 4.0%
Cambodian	N=315 4.1%
Other	N=1,012 4.5%
Arabic	N=708 4.9%
Spanish	N=18,427 6.2%
Farsi	N=536 11.6%
English	N=147,464 13.1%
Russian	N=356 19.7%
Armenian	N=1,276 24.4%
Hmong	S
Korean	S
Tagalog	S

N=Statewide Denominator

·········· MSP   - - - - - - Statewide Average
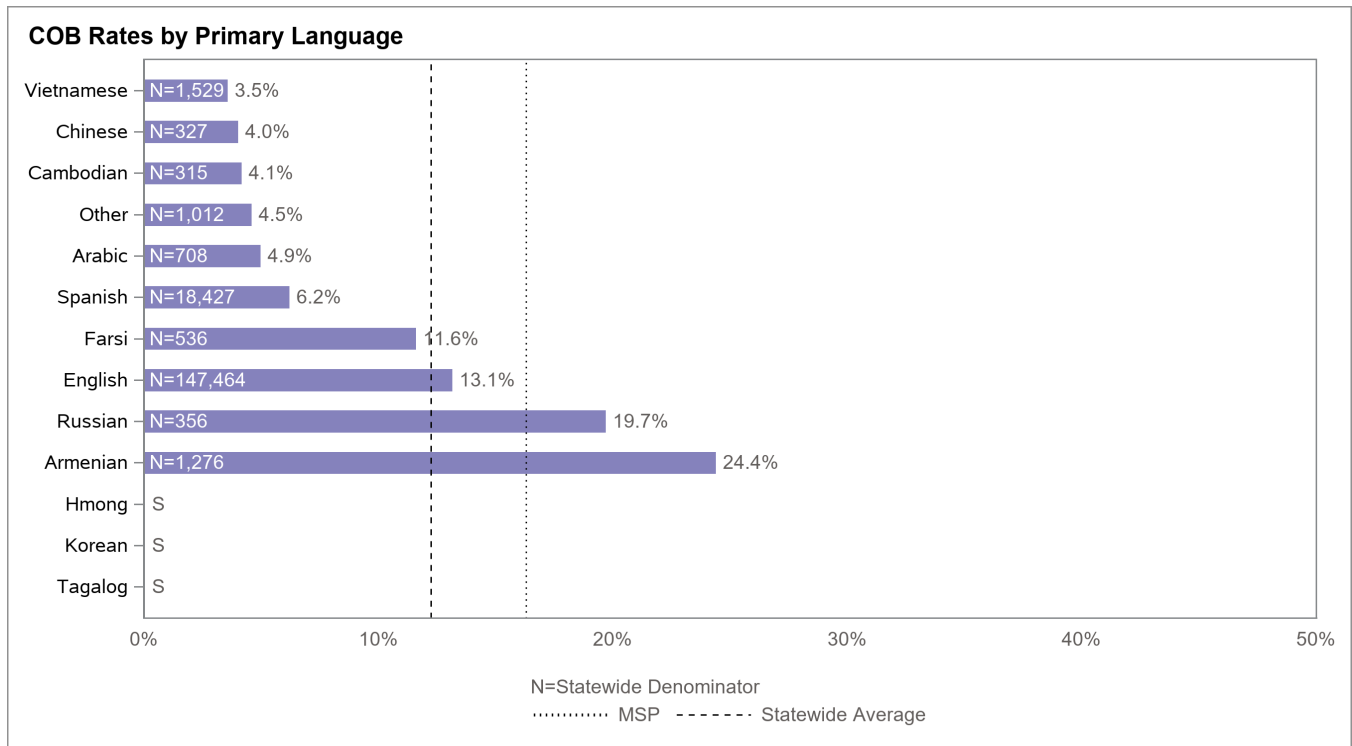
Figure B.49—Controlling High Blood Pressure (CBP) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 59.9 percent (N=147).

CBP Rates by Primary Language

Primary Language	N	Rate
Armenian	N=33	69.7%
Arabic	N=146	64.4%
Farsi	N=75	64.0%
Spanish	N=5,190	62.0%
Chinese	N=468	61.8%
Vietnamese	N=510	60.2%
Tagalog	N=276	56.5%
Cambodian	N=75	56.0%
English	N=15,049	54.8%
Korean	N=43	53.5%
Russian	N=176	51.1%
Other	N=558	47.8%
Hmong	N=72	37.5%

- - - - - - Statewide Average   N=Statewide Denominator

Figure B.50—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Primary Language
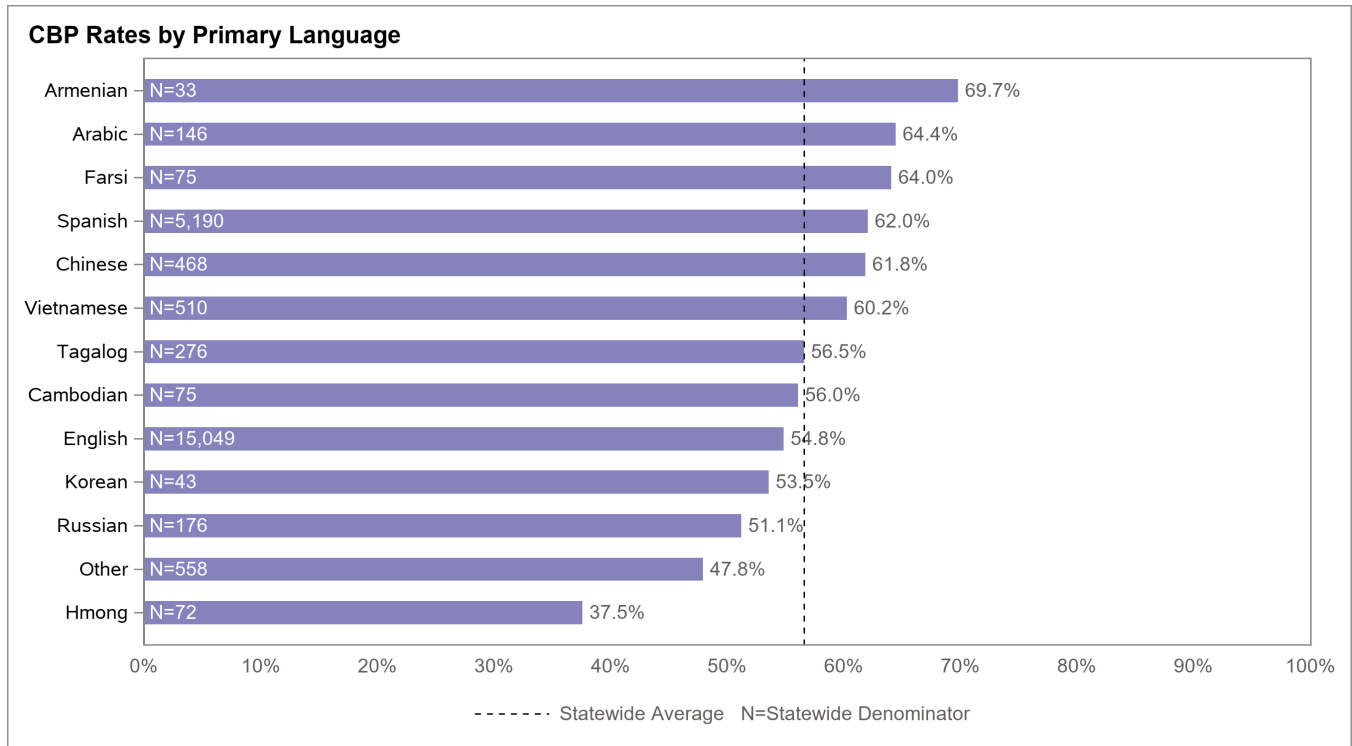
Note: The rate for the Unknown/Missing group was 9.5 percent (N=1,030).

A lower rate indicates more favorable performance for this indicator

PCR–OR Rates by Primary Language

Primary Language	N	Rate
Arabic	N=809	5.8%
Farsi	N=429	6.8%
Vietnamese	N=2,103	7.5%
Armenian	N=1,154	8.1%
Chinese	N=1,064	8.3%
Cambodian	N=309	8.4%
Spanish	N=32,043	8.5%
Other	N=1,194	8.6%
Russian	N=448	8.9%
Tagalog	N=320	9.1%
Korean	N=349	9.2%
Hmong	N=440	9.3%
English	N=163,854	9.5%

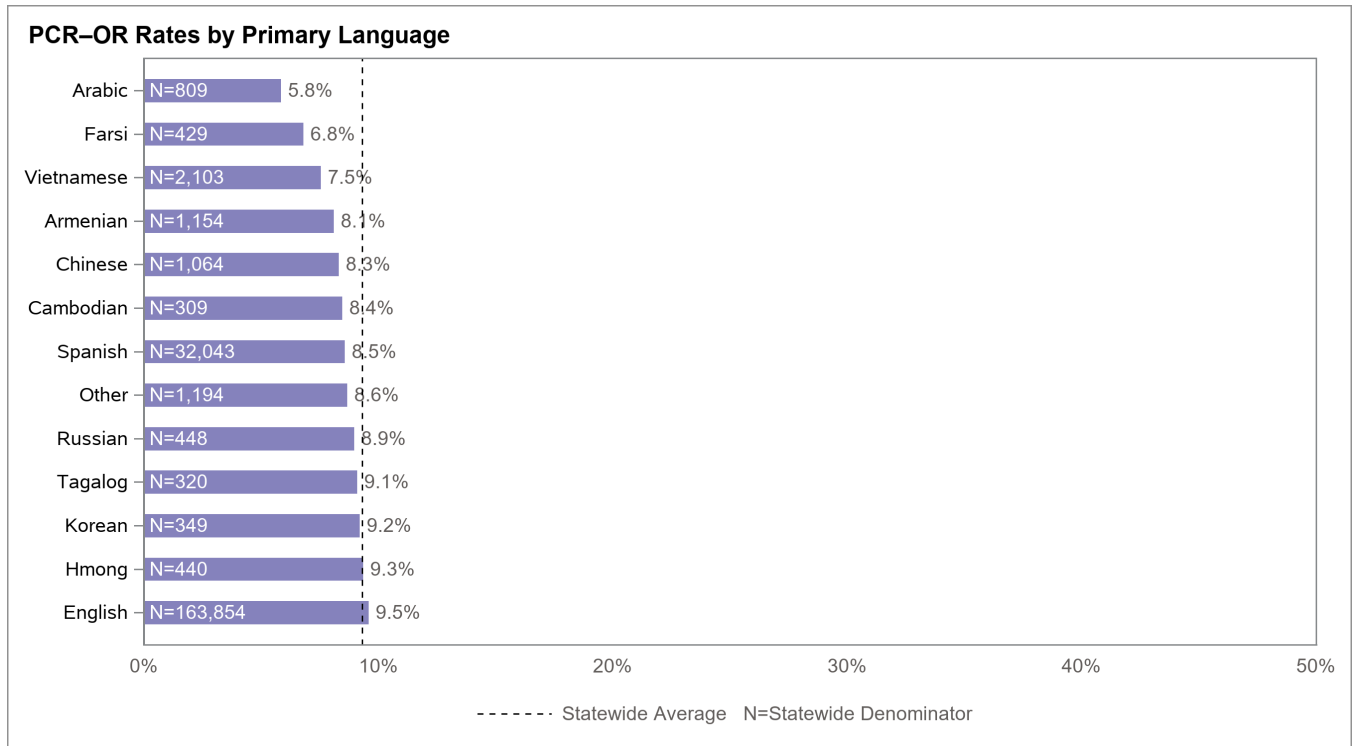- - - - - - Statewide Average   N=Statewide Denominator

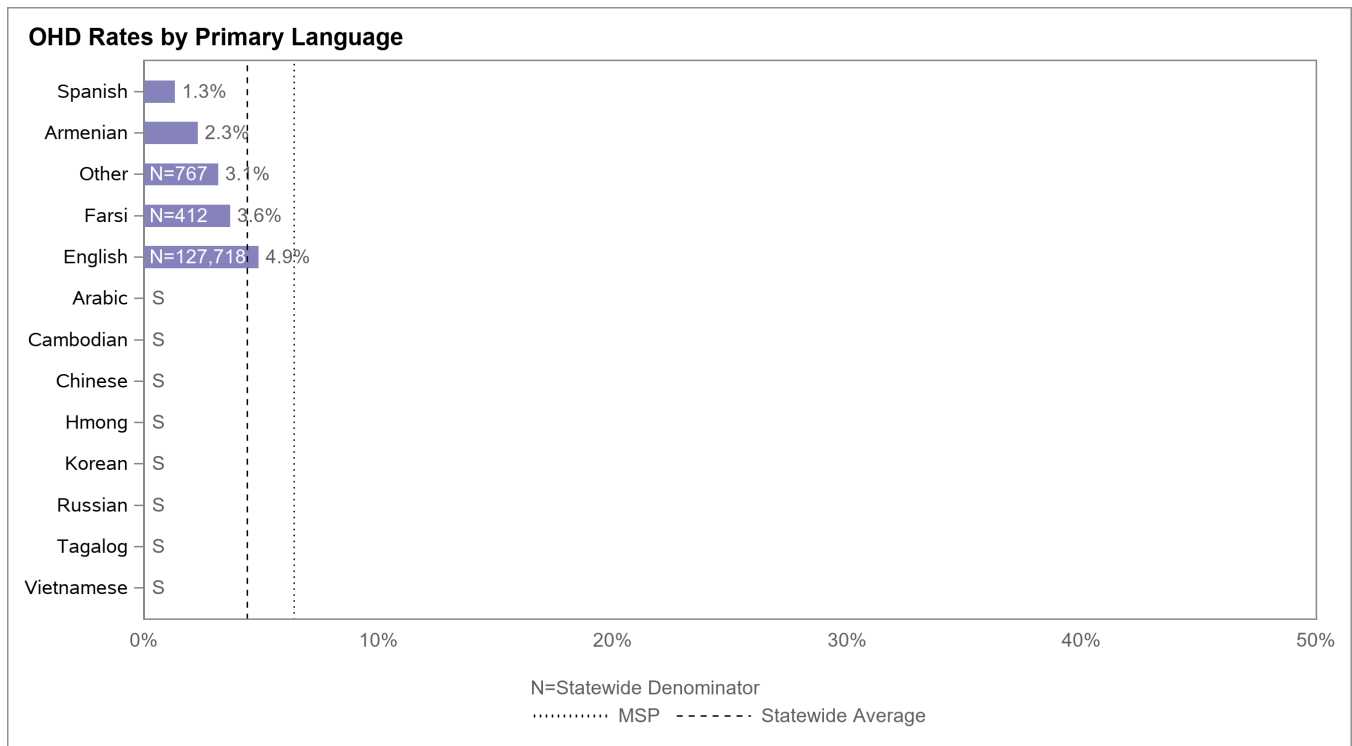## Figure B.51—Use of Opioids at High Dosage in Persons Without Cancer (OHD) Rates by Primary Language

Note: The rate for the Unknown/Missing group was 7.9 percent (N=568).

The following are the denominator sizes for select primary language groups: Spanish (14,686) and Armenian (1,021).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile.

OHD Rates by Primary Language

Primary Language	Rate
Spanish	1.3%
Armenian	2.3%
Other	N=767 3.1%
Farsi	N=412 3.6%
English	N=127,718 4.9%
Arabic	S
Cambodian	S
Chinese	S
Hmong	S
Korean	S
Russian	S
Tagalog	S
Vietnamese	S

N=Statewide Denominator

·········· MSP   - - - - - - Statewide Average

Age

Figure B.52 through Figure B.67 display the statewide rates by each age group for each indicator.

Children's Health Domain

Figure B.52 through Figure B.56 display the statewide Children's Health domain indicator rate and denominator for each age group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed, where applicable.

Figure B.52—Child and Adolescent Well Care Visits—Total (WCV) Rates by Age

WCV Rates by Age

Age Group	N	Rate
3–11 Years	N=1,914,136	47.8%
12–17 Years	N=1,338,947	41.6%
18–21 Years	N=663,898	20.9%

- - - - - - Statewide Average   N=Statewide Denominator
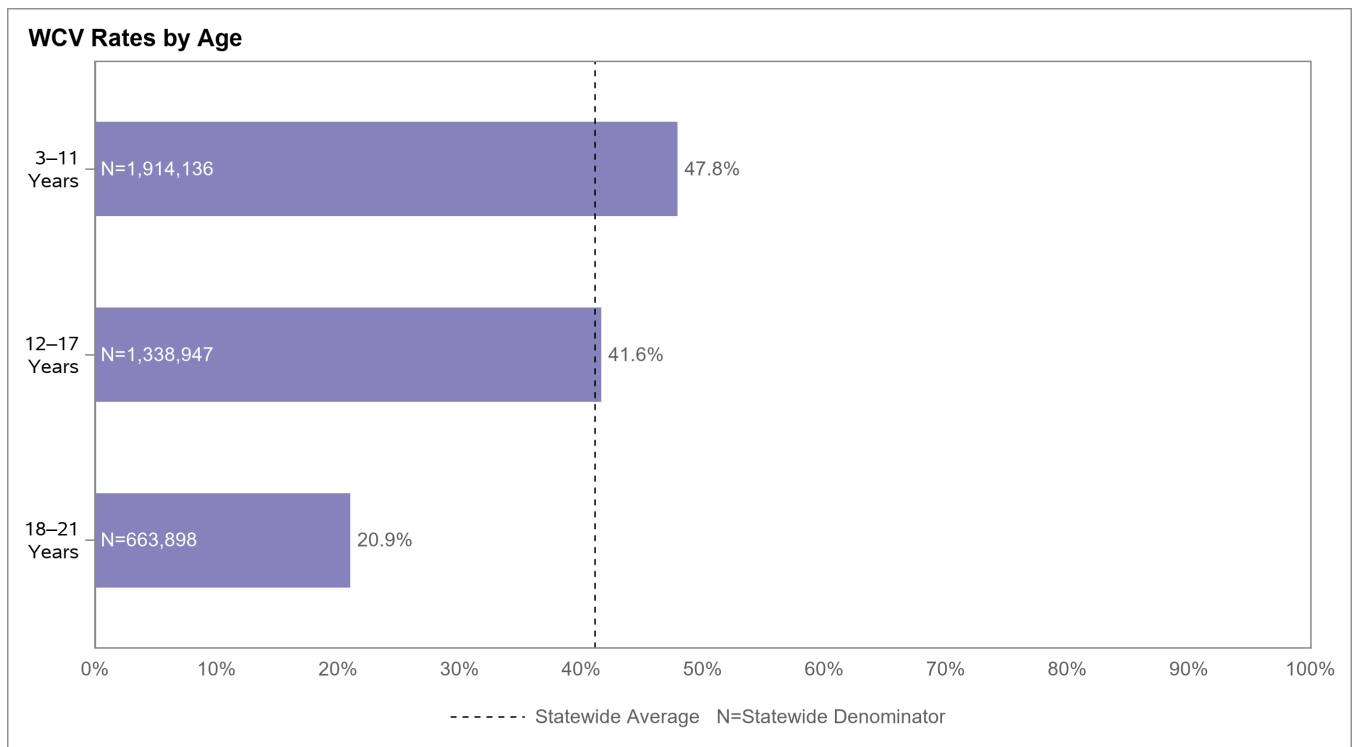
Figure B.53—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Age

The median state performance rate represents the 50th percentile.

DEV Rates by Age

- 2 Years: N=178,347 — 26.7%
- 3 Years: N=185,064 — 21.1%
- 1 Year: N=73,354 — 19.7%

N=Statewide Denominator
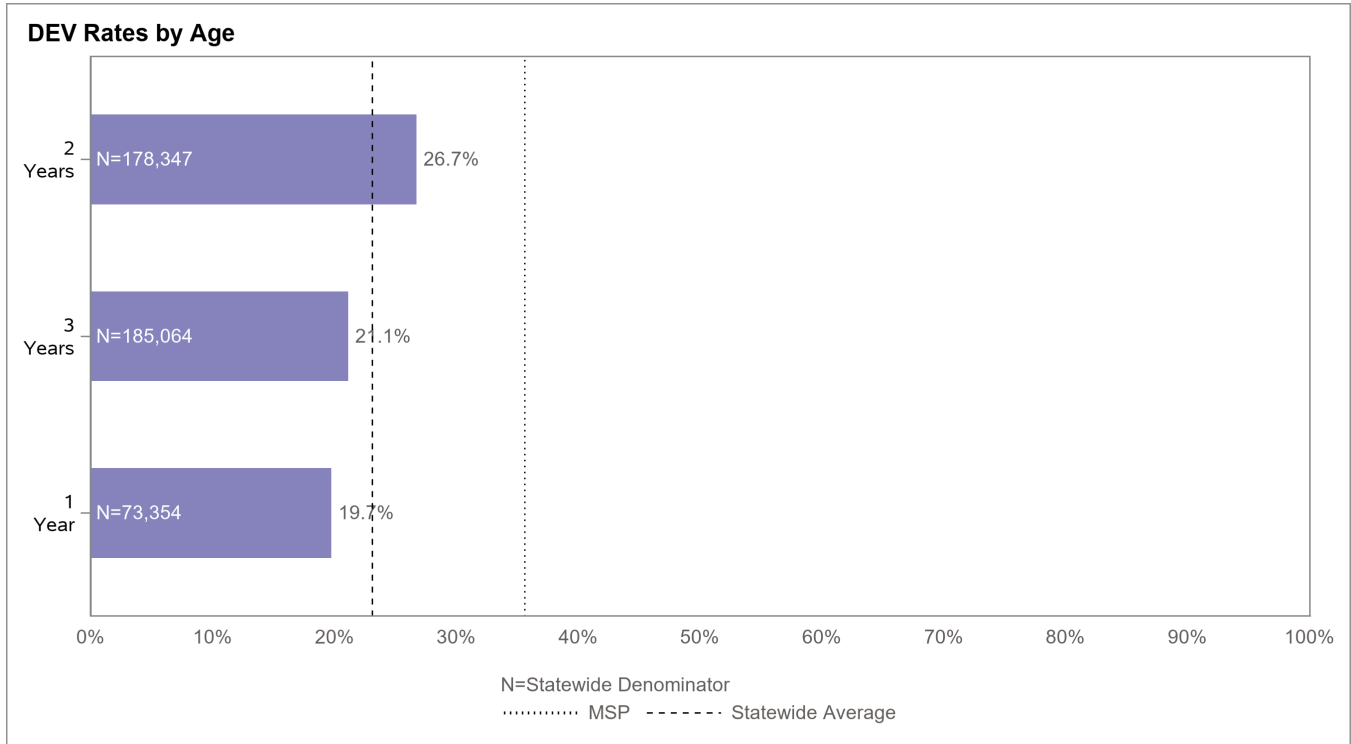
·············· MSP ------ Statewide Average

Figure B.54—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–BMI Rates by Age

N=Statewide Denominator

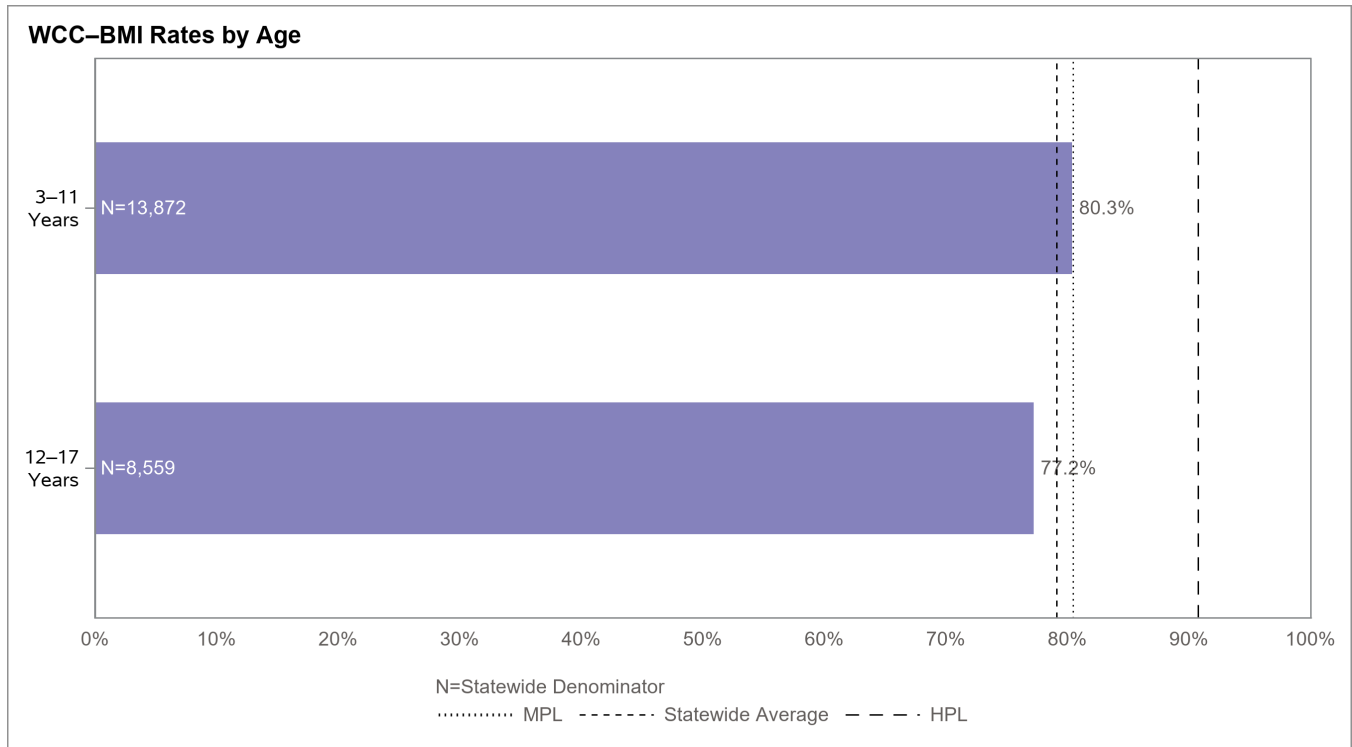·············· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.55—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–N Rates by Age

3–11 Years: N=13,872, 72.5%
12–17 Years: N=8,559, 69.3%

N=Statewide Denominator
·········· MPL ------ Statewide Average — — — · HPL

Figure B.56—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

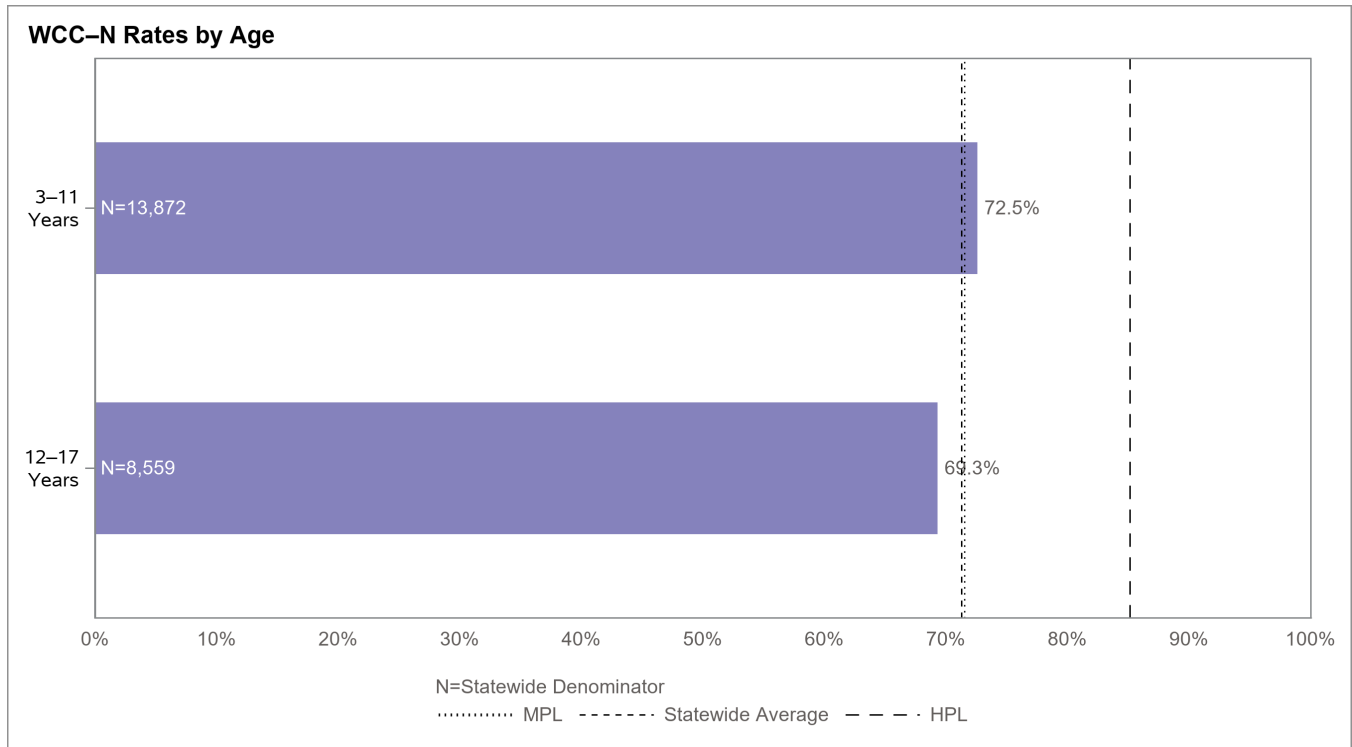The high performance level represents the national Medicaid 90th percentile for this indicator.
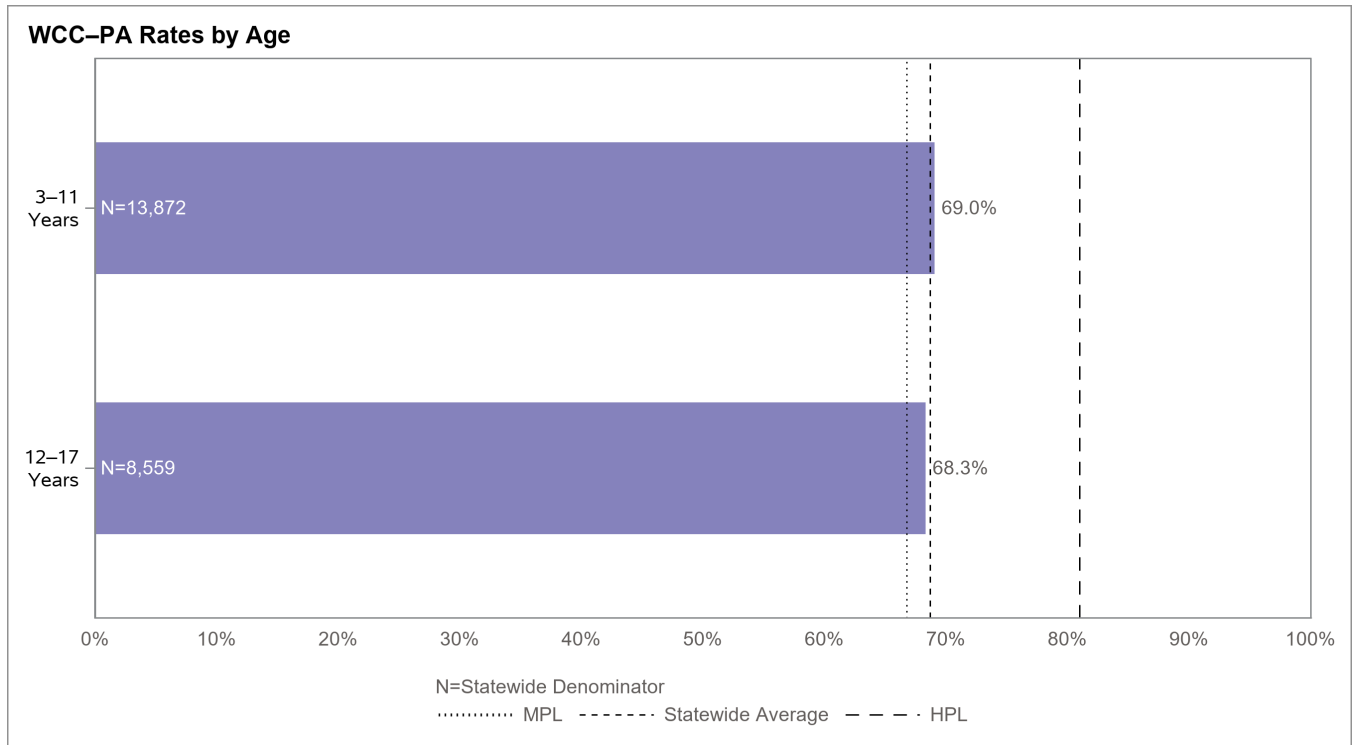
WCC–PA Rates by Age

3–11 Years N=13,872 69.0%

12–17 Years N=8,559 68.3%

N=Statewide Denominator

·········· MPL - - - - - - Statewide Average — — — · HPL

Women's Health Domain

Figure B.57 through Figure B.60 display the statewide Women's Health domain indicator rate and denominator for each age group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed.

Figure B.57—Breast Cancer Screening (BCS) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

BCS Rates by Age

- 50–64 Years: N=437,631, 57.2%
- 65–74 Years: N=59,297, 56.1%

N=Statewide Denominator
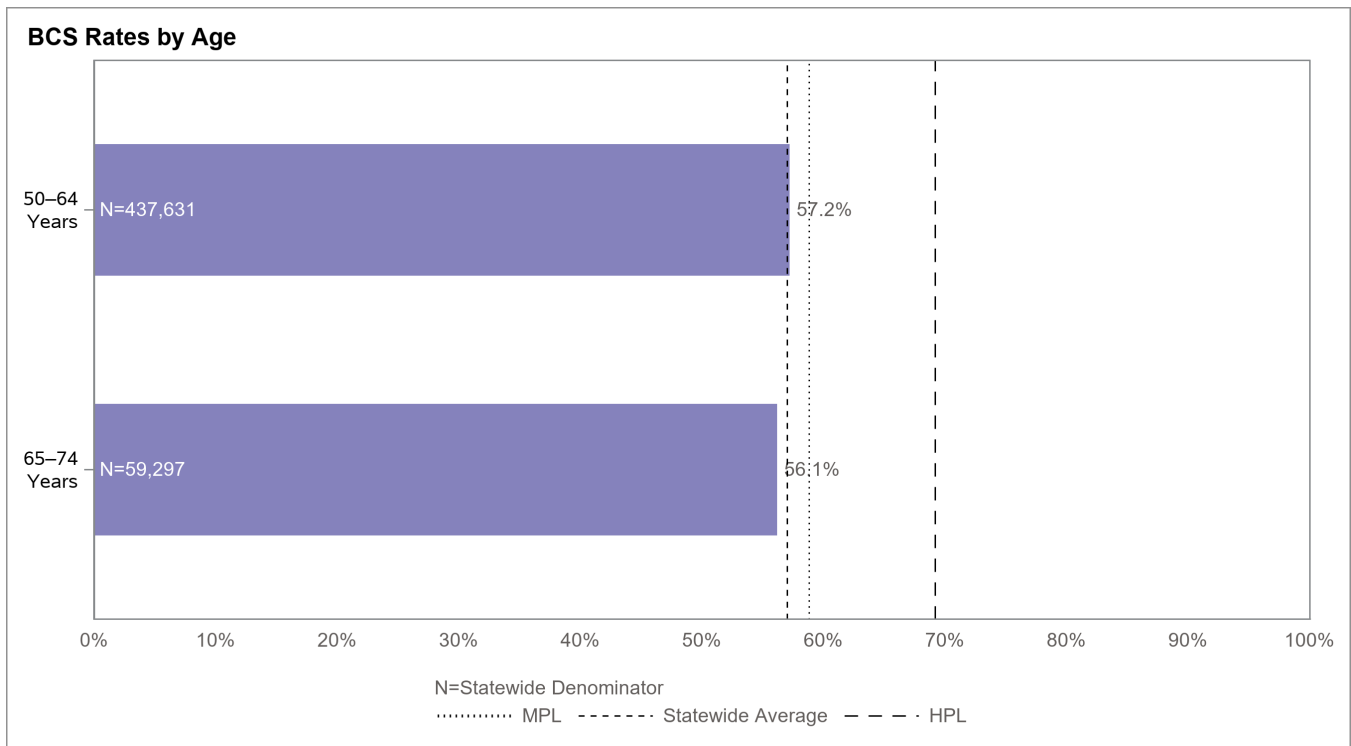·········· MPL   ------ Statewide Average   — — · HPL

Figure B.58—Chlamydia Screening in Women—Total (CHL) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CHL Rates by Age

21–24 Years: N=151,172 — 65.5%

16–20 Years: N=158,133 — 57.9%

N=Statewide Denominator
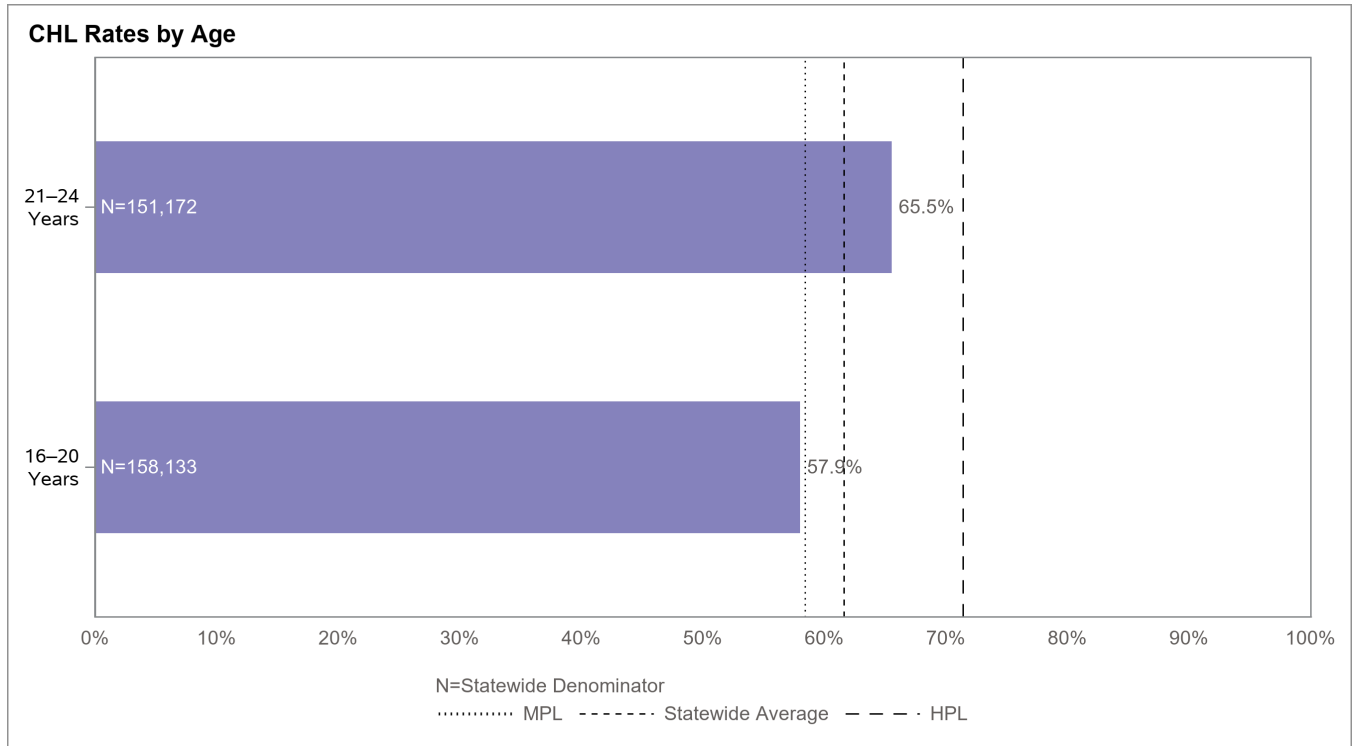·············· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.59—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

PPC–Pst Rates by Age

Age	Rate
45+ Years (N=51)	86.3%
<18 Years (N=201)	84.6%
35-44 Years (N=3,111)	81.9%
21-34 Years (N=15,080)	80.3%
18-20 Years (N=1,453)	79.4%

N=Statewide Denominator

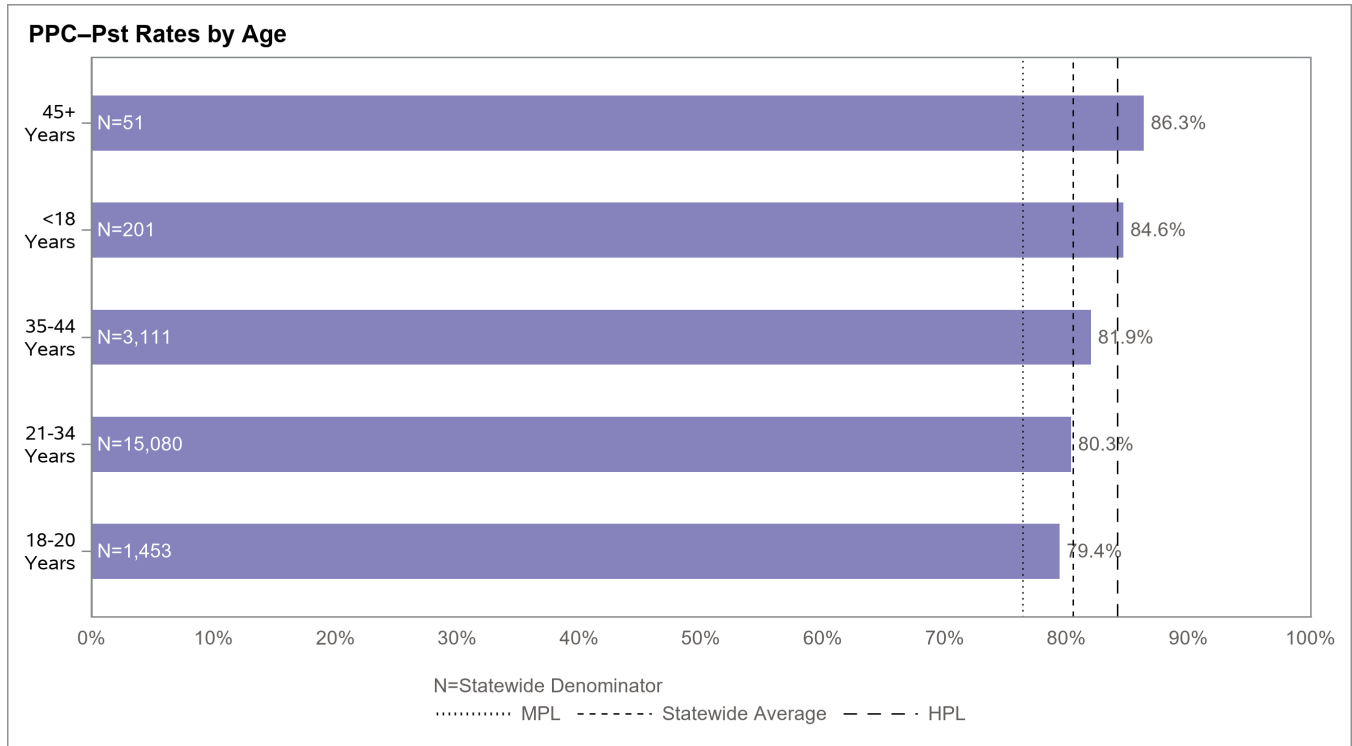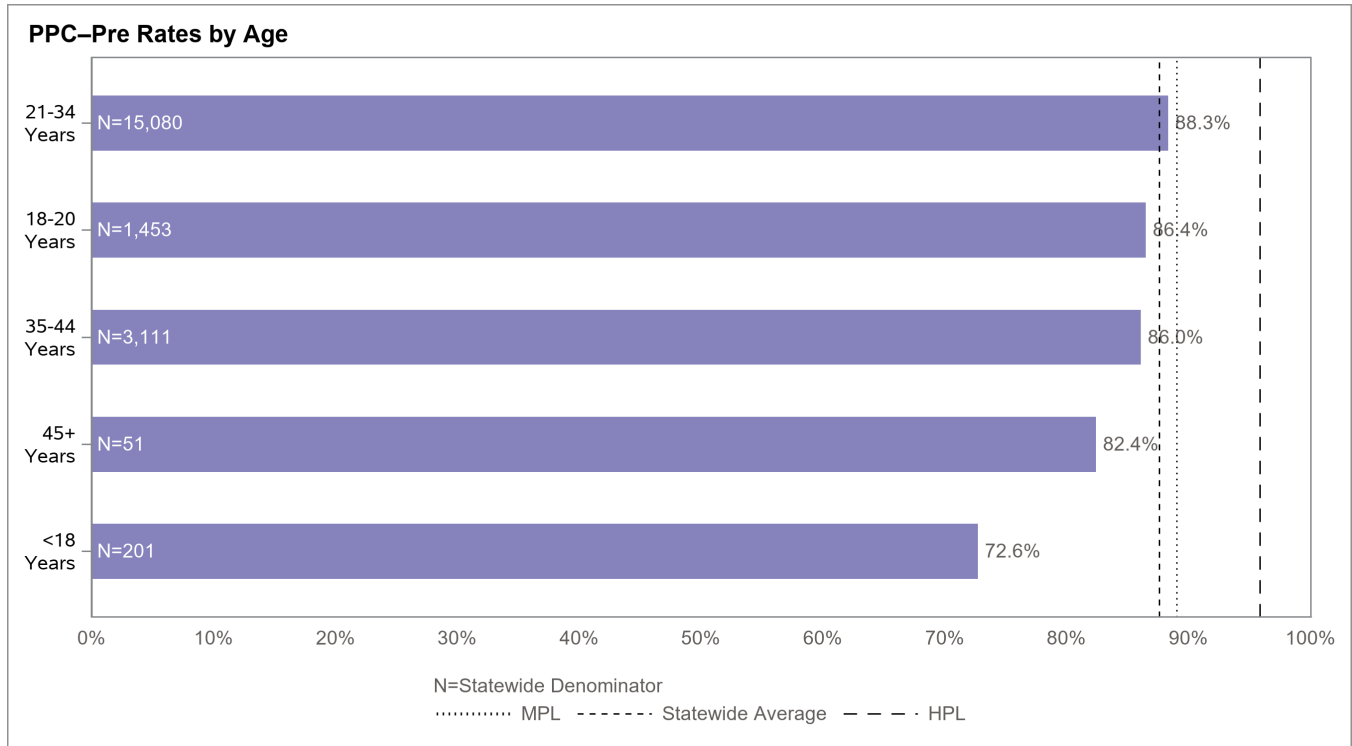·········· MPL   ------ Statewide Average   — — — · HPL

Figure B.60—Prenatal and Postpartum Care—Prenatal Care (PPC–Pre) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

PPC–Pre Rates by Age

Age	N	Rate
21-34 Years	N=15,080	88.3%
18-20 Years	N=1,453	86.4%
35-44 Years	N=3,111	86.0%
45+ Years	N=51	82.4%
<18 Years	N=201	72.6%

N=Statewide Denominator

·········· MPL   - - - - - - Statewide Average   — — — · HPL

Behavioral Health Domain

Figure B.61 through Figure B.63 display the statewide Behavioral Health domain indicator rate and denominator for each age group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed.

Figure B.61—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
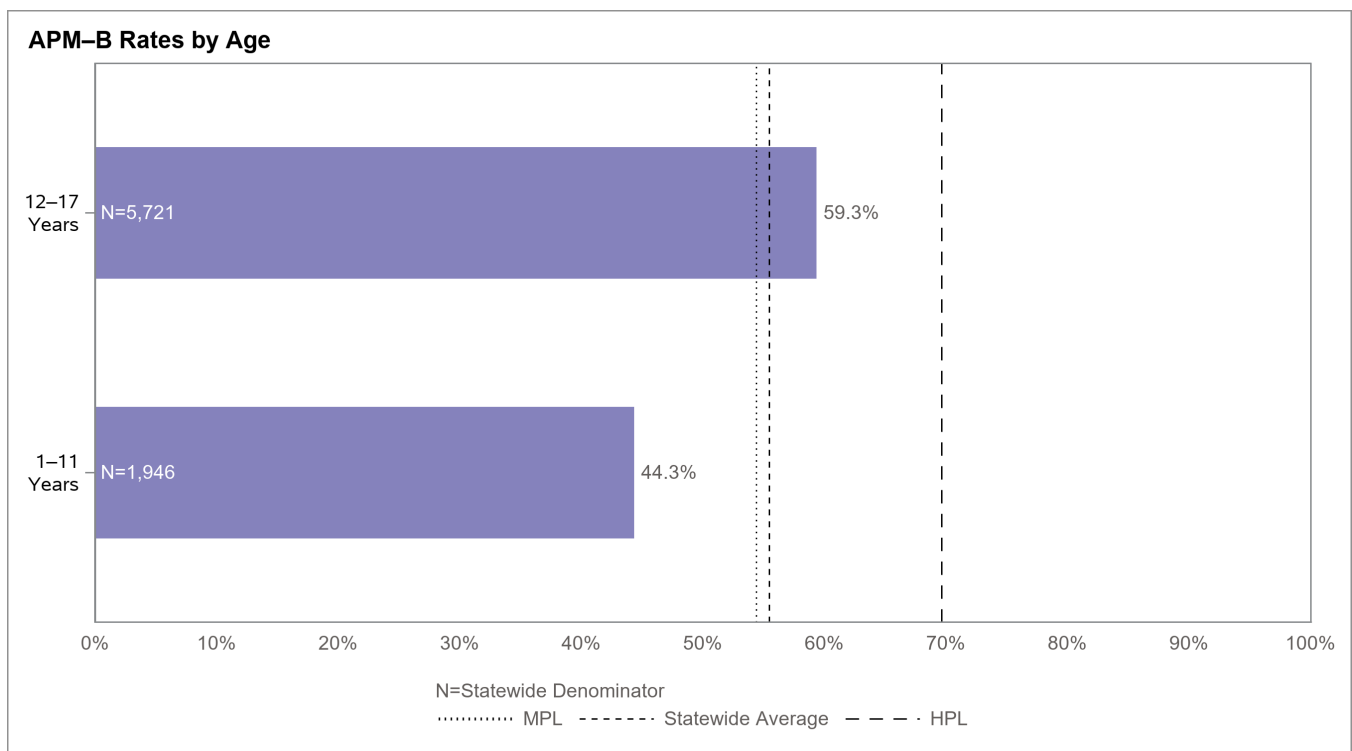
Figure B.62—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–C Rates by Age

12–17 Years N=5,721 41.1%

1–11 Years N=1,946 33.1%

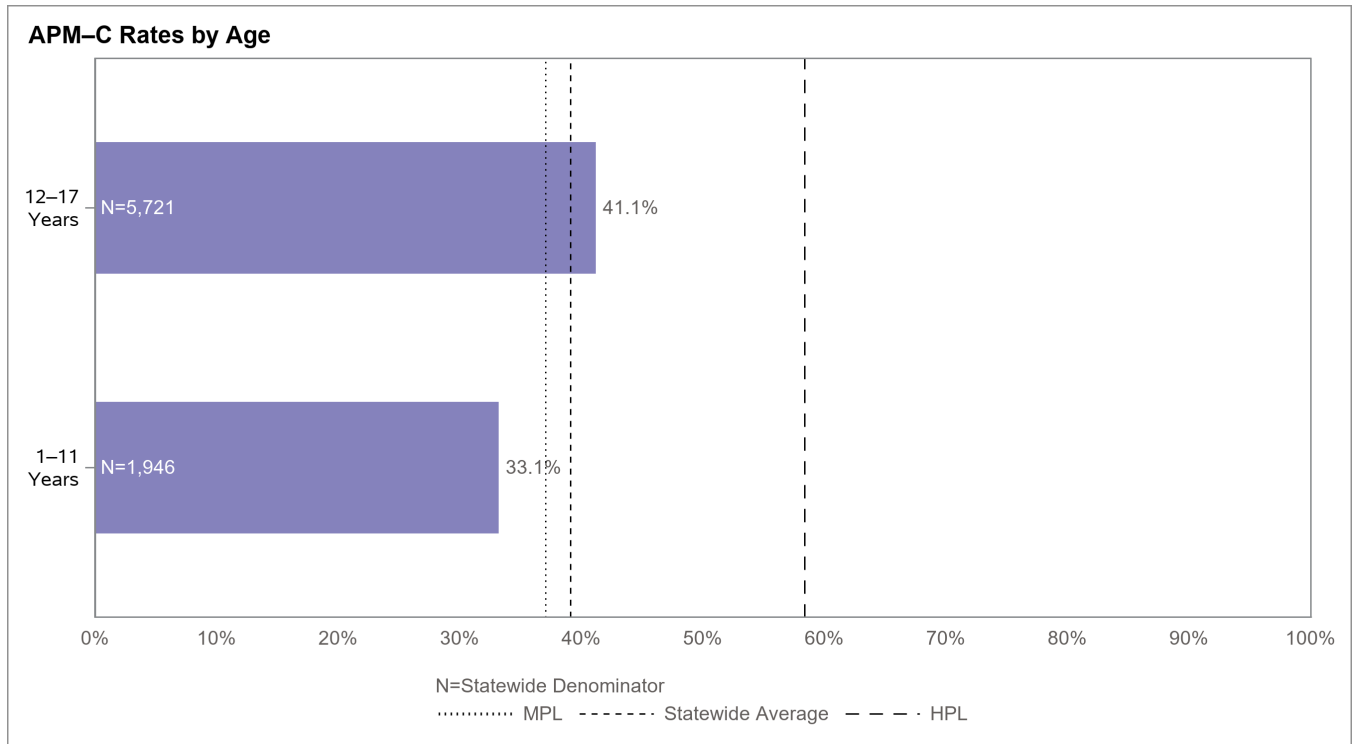N=Statewide Denominator
MPL ---- Statewide Average — — — · HPL

Figure B.63—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

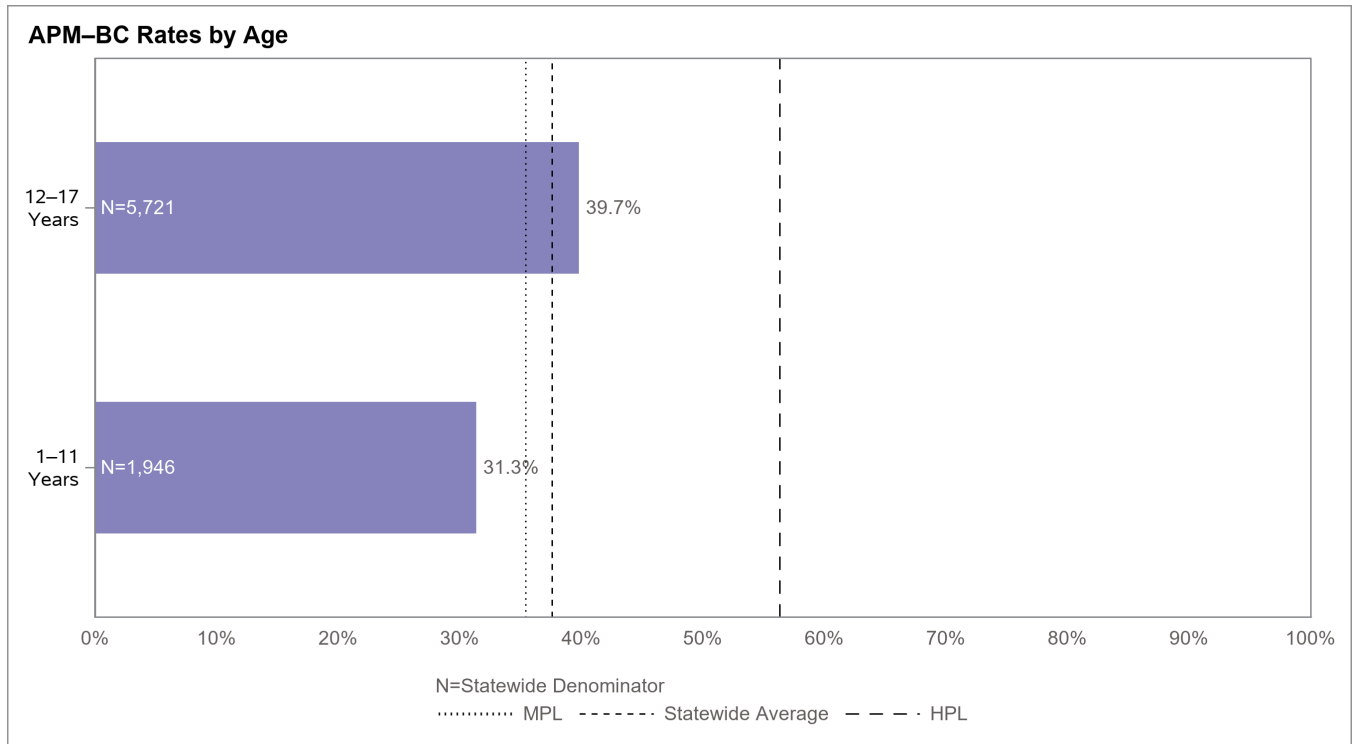The high performance level represents the national Medicaid 90th percentile for this indicator.

Figure B.63—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–BC Rates by Age

- 12–17 Years: N=5,721 — 39.7%
- 1–11 Years: N=1,946 — 31.3%

N=Statewide Denominator
·········· MPL   - - - - - - Statewide Average   — — — · HPL

Acute and Chronic Disease Management Domain

Figure B.64 through Figure B.67 display the statewide Acute and Chronic Disease Management domain indicator rate and denominator for each age group. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed, where applicable.

Figure B.64—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Age

AMB–ED Rates by Age

Age Group	Denominator	Rate
10–19 Years	N=28,207,210	17.2
75–84 Years	N=854,050	23.6
1–9 Years	N=24,145,406	24.7
85+ Years	N=336,080	25.4
65–74 Years	N=1,986,148	28.3
<1 Year	N=785,791	35.0
45–64 Years	N=20,055,784	41.9
20–44 Years	N=37,772,203	42.7

ED Visits per 1,000 Member Months

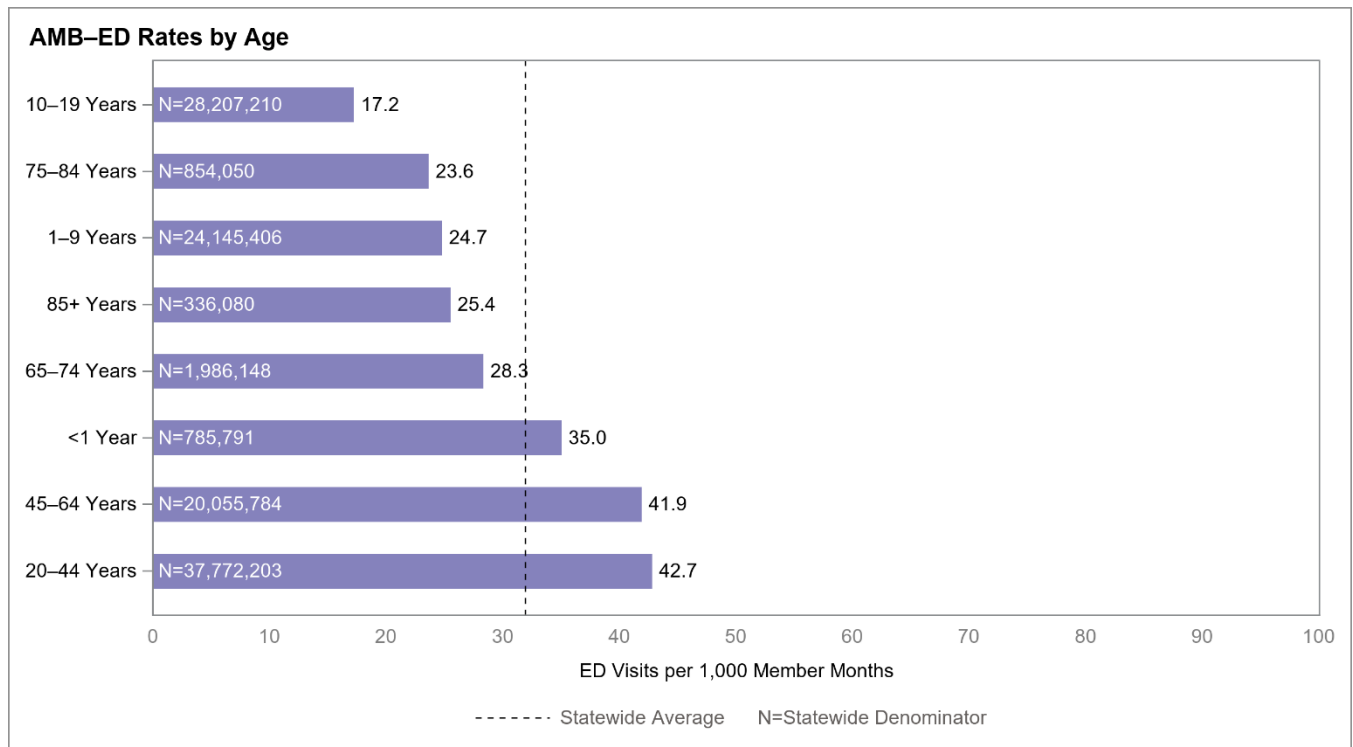- - - - - - Statewide Average   N=Statewide Denominator

Figure B.65—Asthma Medication Ratio—Total (AMR) Rates by Age

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
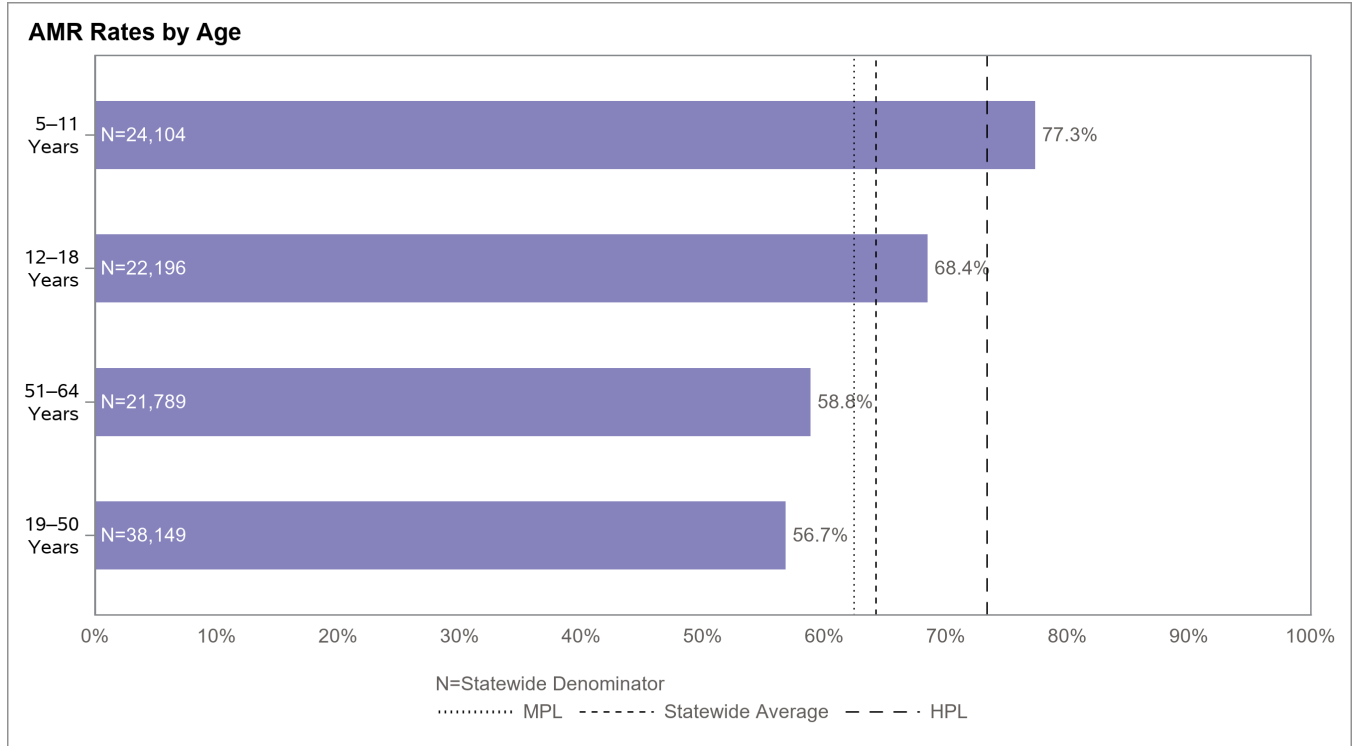
AMR Rates by Age

Age	Rate
5–11 Years (N=24,104)	77.3%
12–18 Years (N=22,196)	68.4%
51–64 Years (N=21,789)	58.8%
19–50 Years (N=38,149)	56.7%

N=Statewide Denominator
·············· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.66—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Age

A lower rate indicates more favorable performance for this indicator.
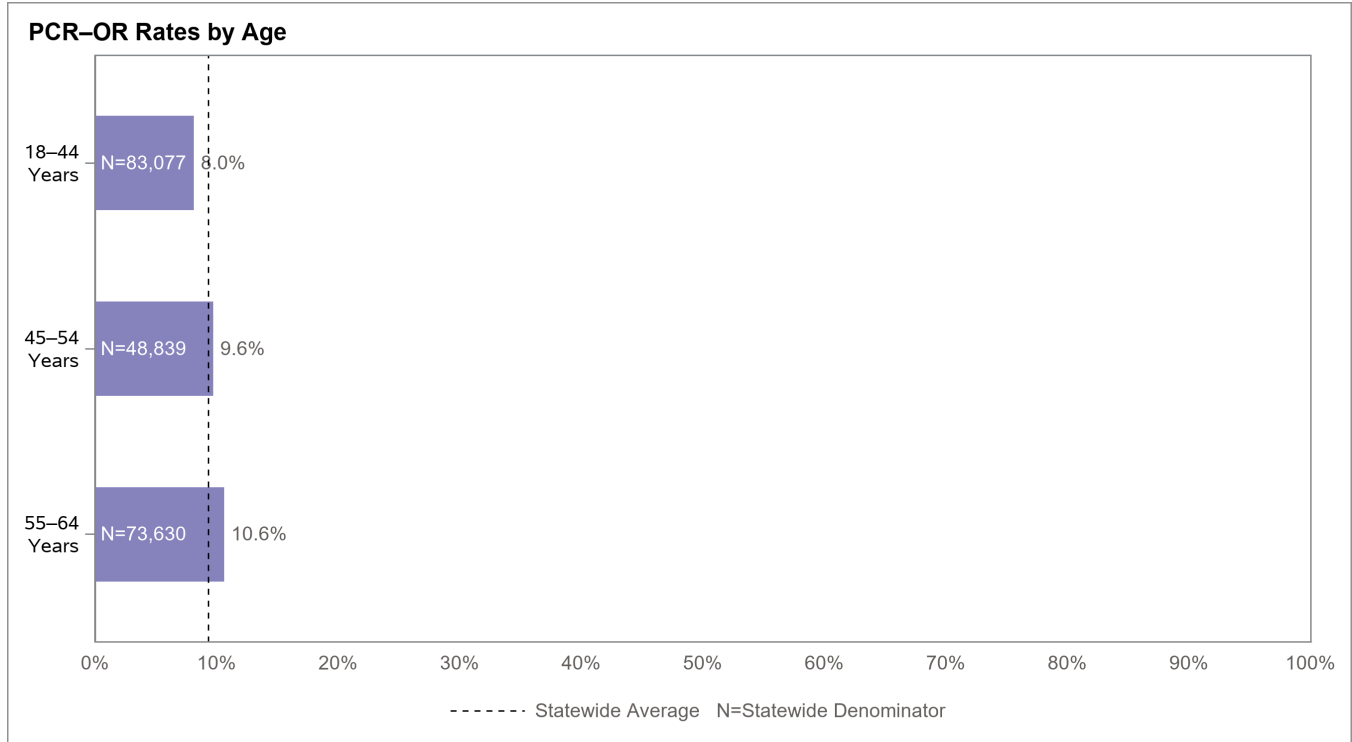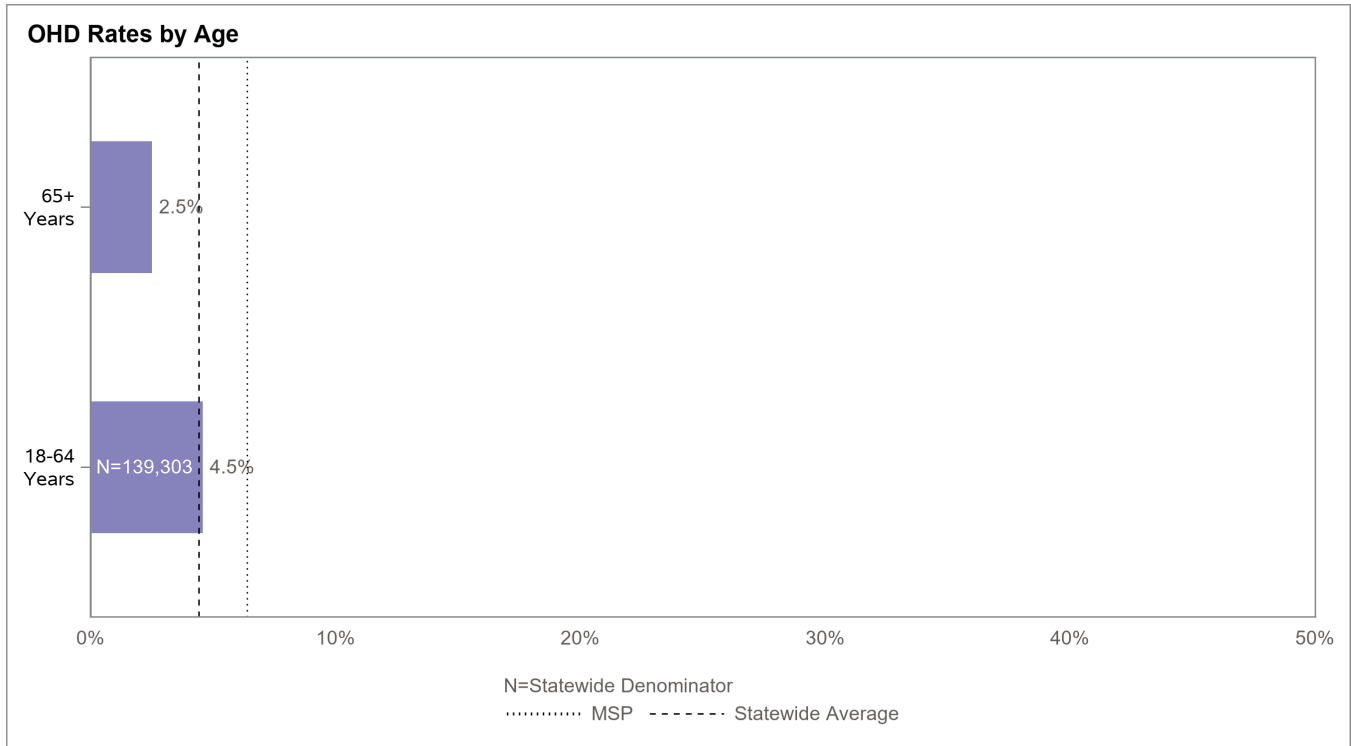
PCR–OR Rates by Age

Age	Rate
18–44 Years	N=83,077 8.0%
45–54 Years	N=48,839 9.6%
55–64 Years	N=73,630 10.6%

- - - - - - Statewide Average   N=Statewide Denominator

Figure B.67—Use of Opioids at High Dosage in Persons Without Cancer (OHD) Rates by Age

A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile.

OHD Rates by Age

65+ Years — 2.5%

18-64 Years — N=139,303 — 4.5%

N=Statewide Denominator

.... MSP   - - - - - Statewide Average

Gender

Figure B.68 through Figure B.93 display the statewide rates by gender for each indicator. Please note that gender stratifications were not reported for indicators in the Women's Health domain.

Children's Health Domain

Figure B.68 through Figure B.76 display the statewide Children's Health domain indicator rate and denominator for each gender. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed, where applicable.

Figure B.68—Child and Adolescent Well Care Visits—Total (WCV) Rates by Gender

Note: The rate for the Unknown/Missing group was 43.7 percent (N=709).
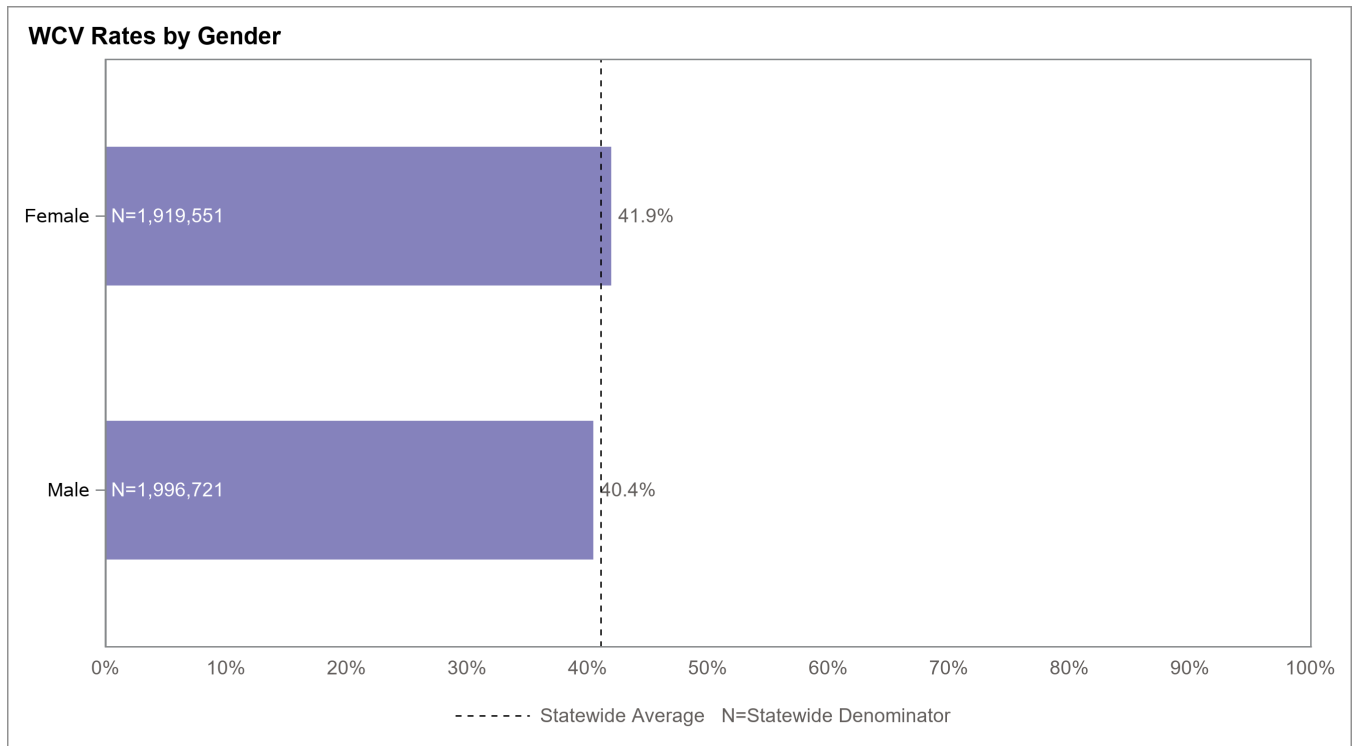
Figure B.69—Childhood Immunization Status–Combination 10 (CIS–10) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
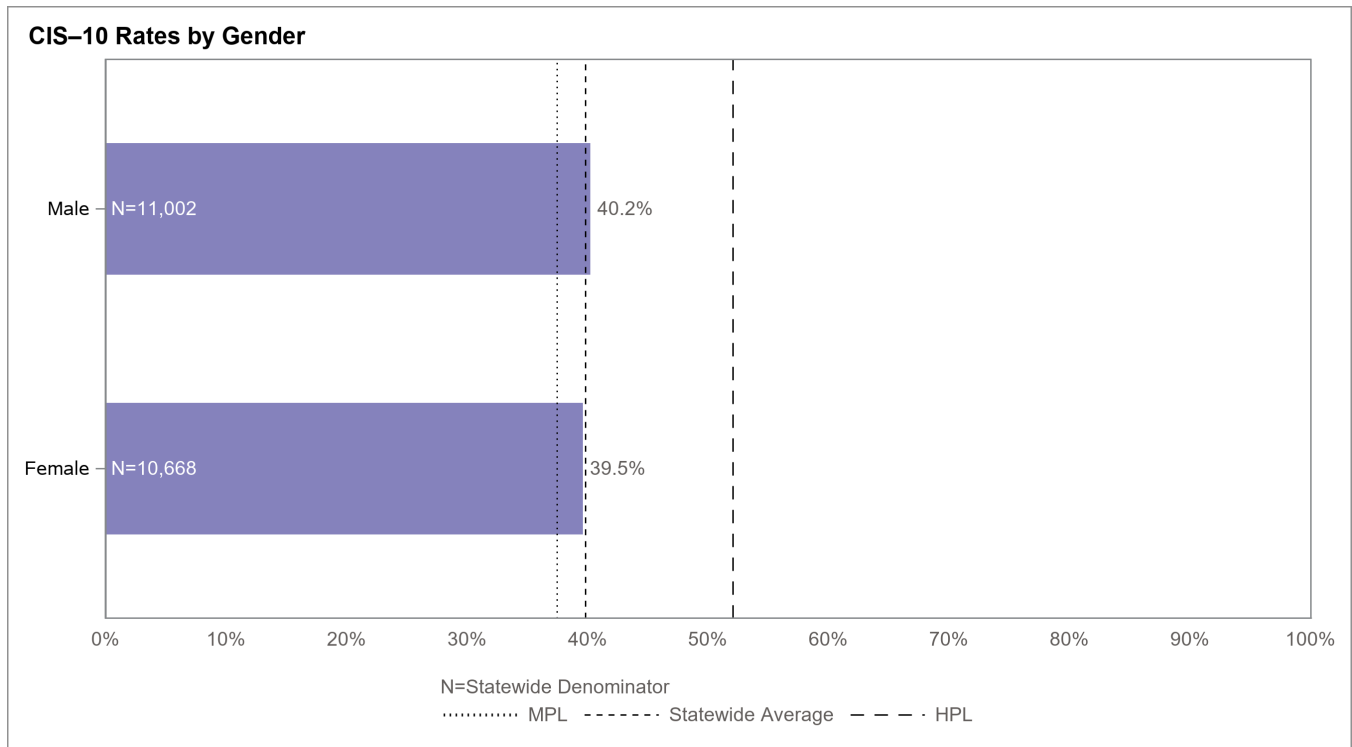
CIS–10 Rates by Gender

Gender	Rate
Male (N=11,002)	40.2%
Female (N=10,668)	39.5%

N=Statewide Denominator

·········· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.70—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Gender

Note: The rate for the Unknown/Missing group was 19.7 percent (N=208).

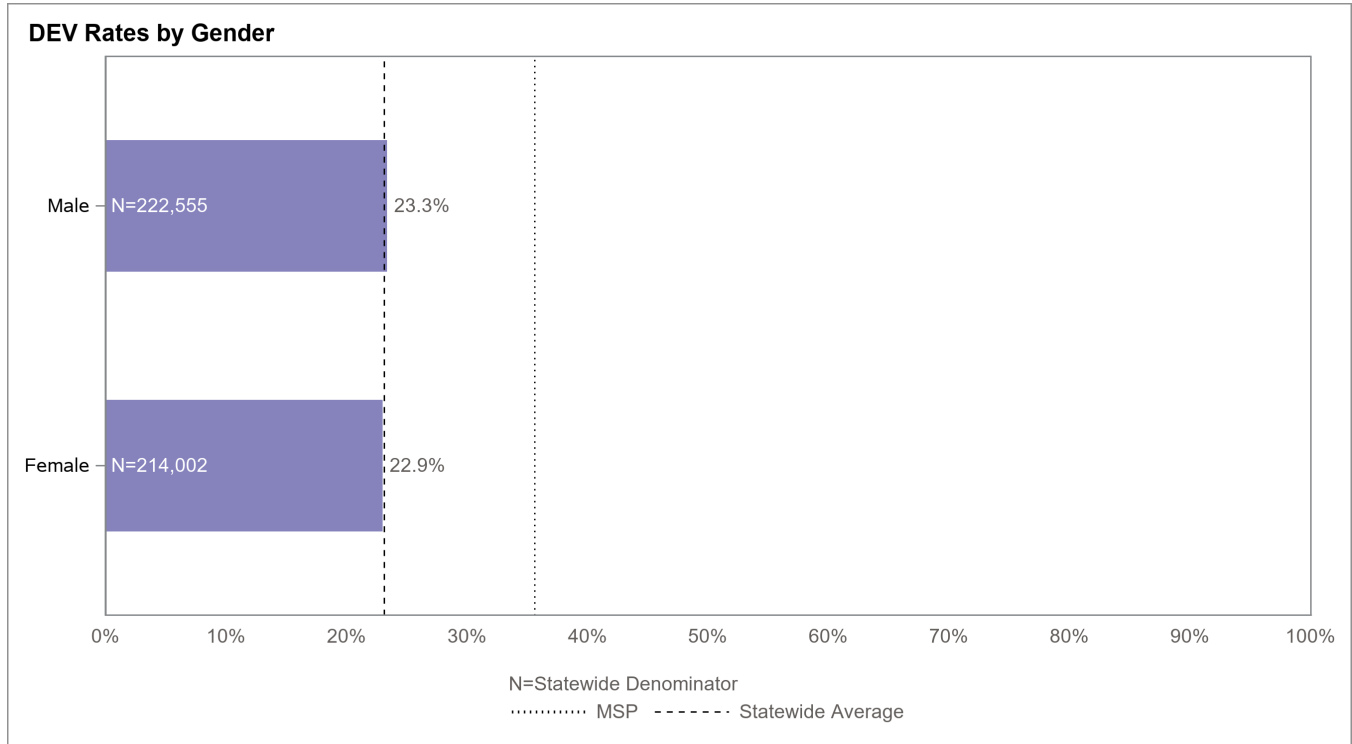The median state performance rate represents the 50th percentile.

Figure B.71—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

IMA–2 Rates by Gender

Female – N=10,427 — 42.4%

Male – N=10,965 — 39.7%

N=Statewide Denominator

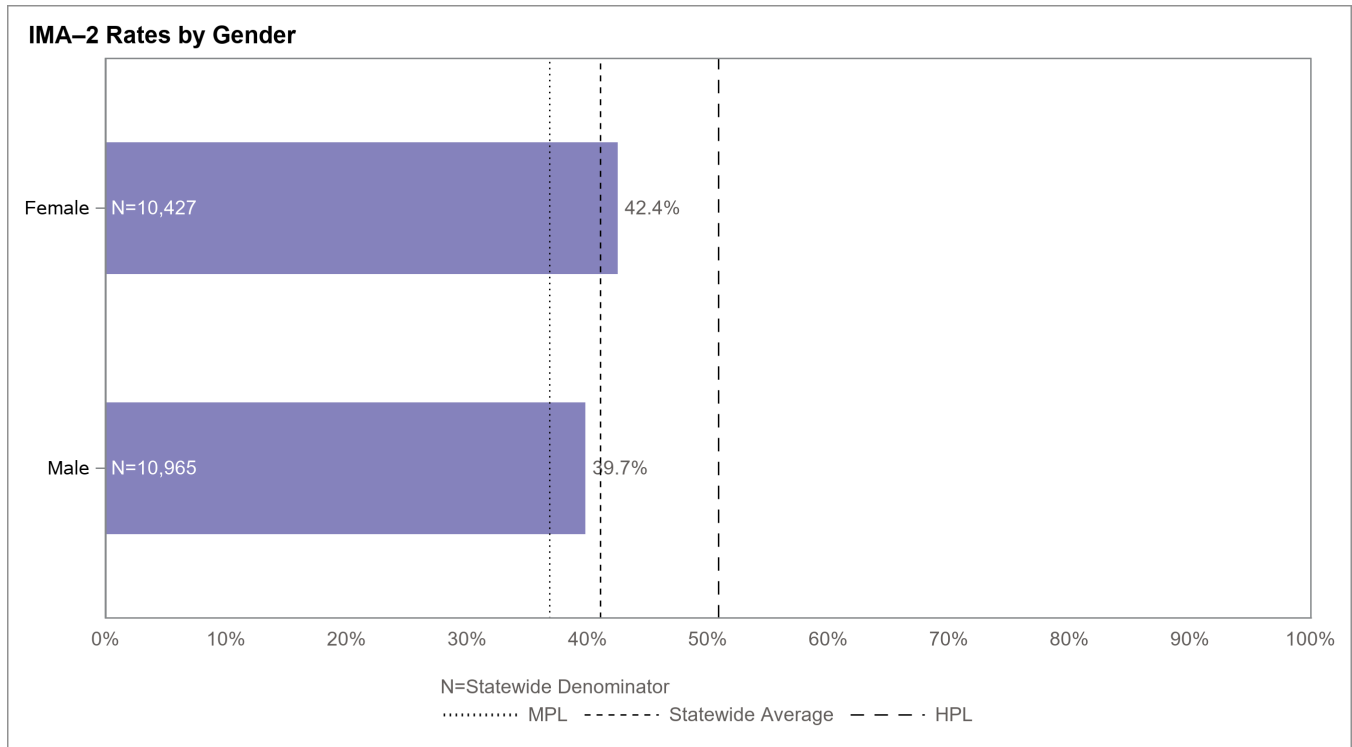·········· MPL   - - - - - - · Statewide Average   — — — · HPL

Figure B.72—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–BMI Rates by Gender

N=Statewide Denominator

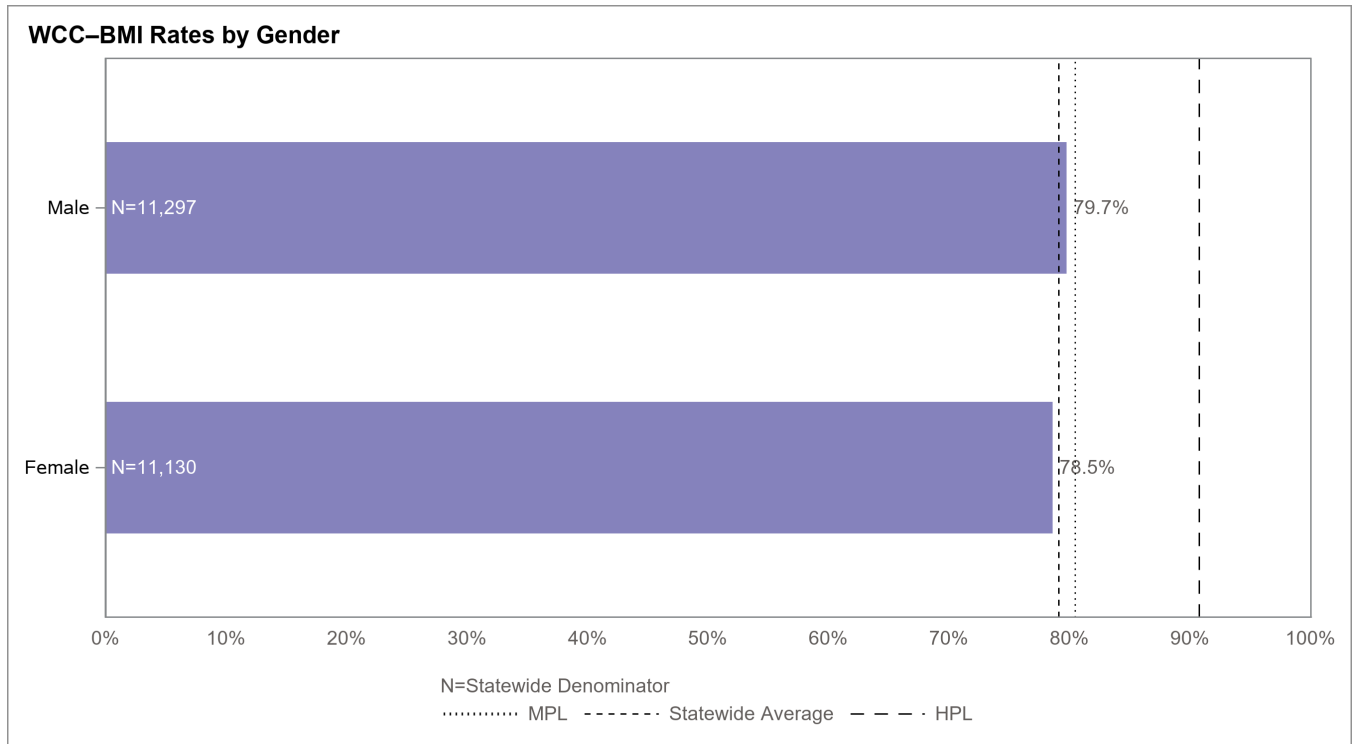·········· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.73—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
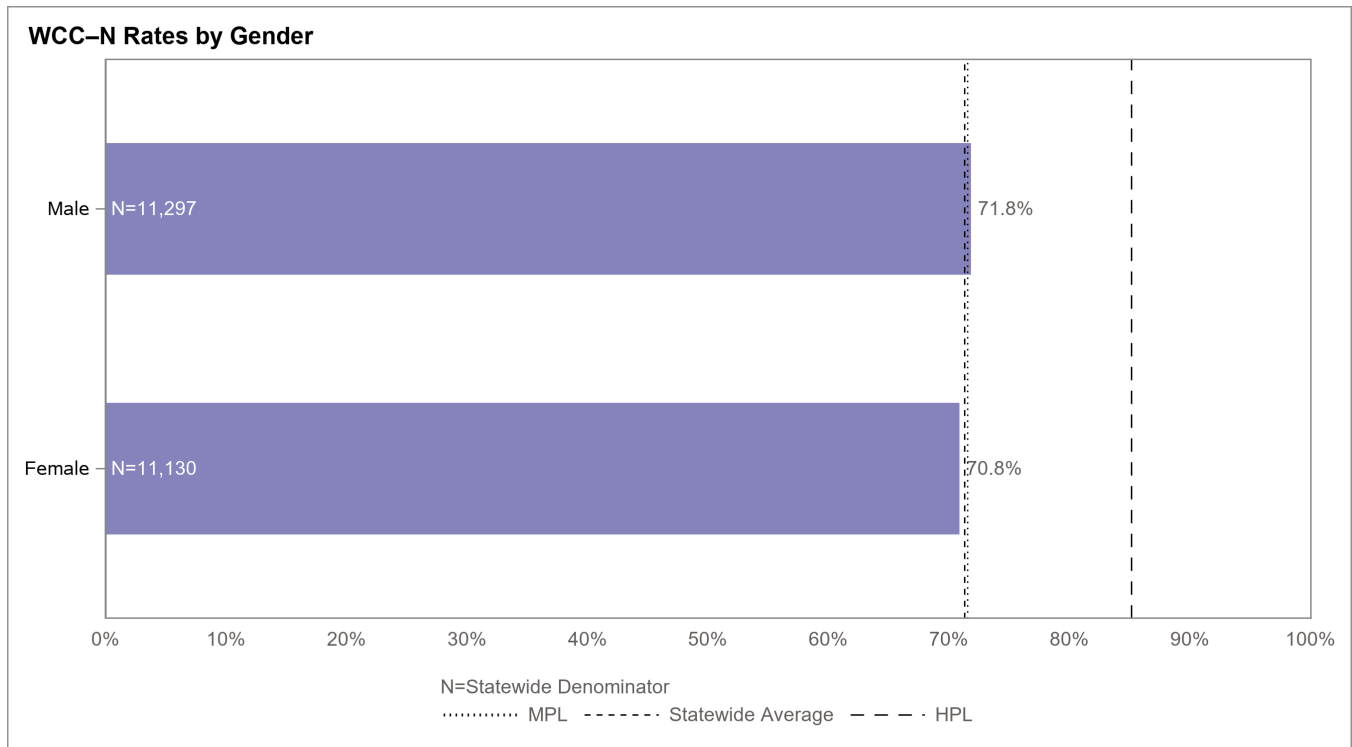
WCC–N Rates by Gender

Gender	N	Rate
Male	N=11,297	71.8%
Female	N=11,130	70.8%

N=Statewide Denominator

·········· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.74—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

WCC–PA Rates by Gender

Male — N=11,297 — 69.1%

Female — N=11,130 — 68.3%

N=Statewide Denominator

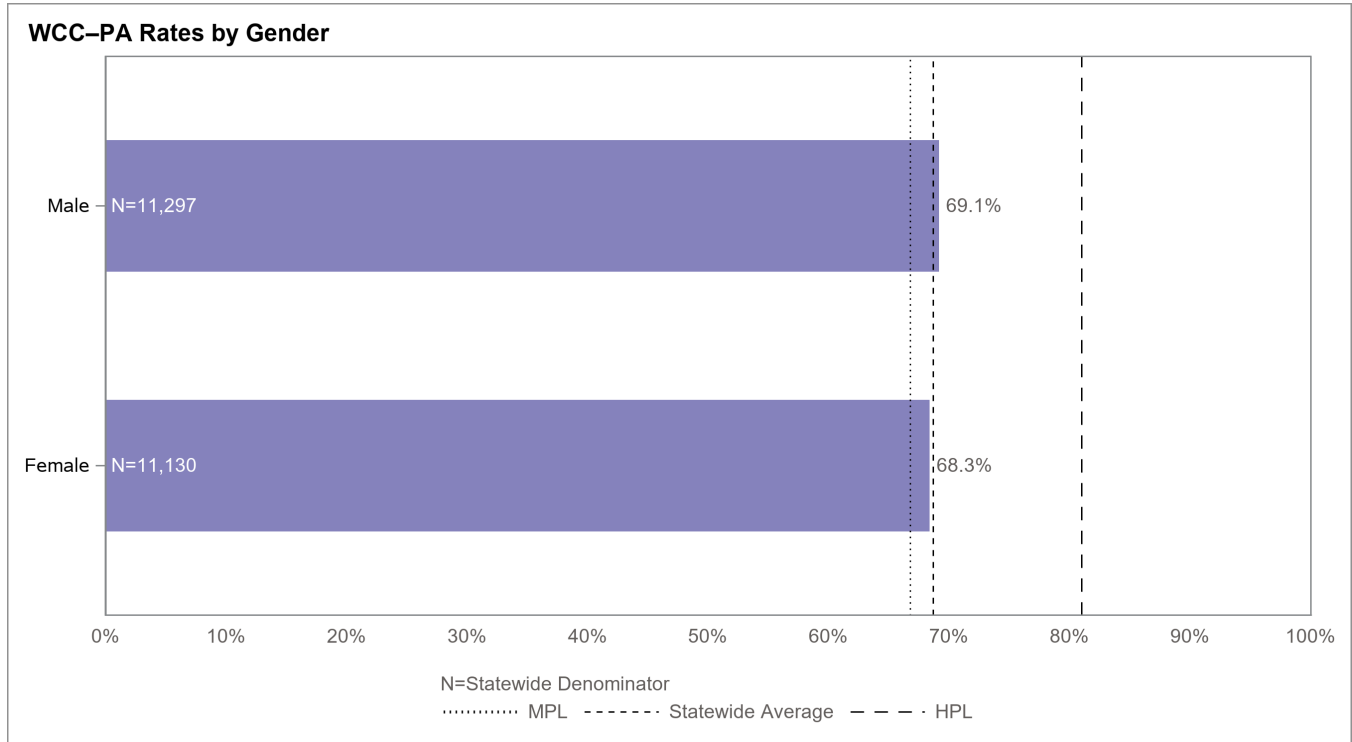·········· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.75—Well Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) Rates by Gender

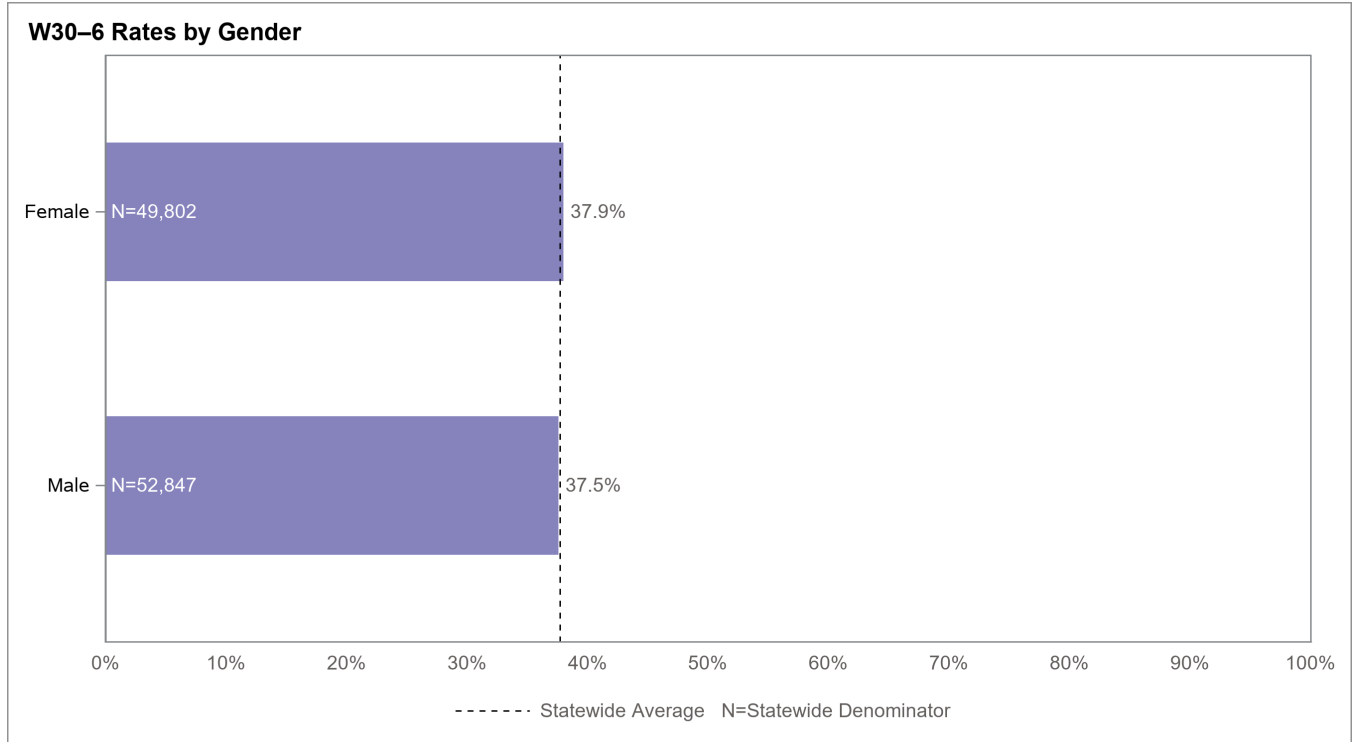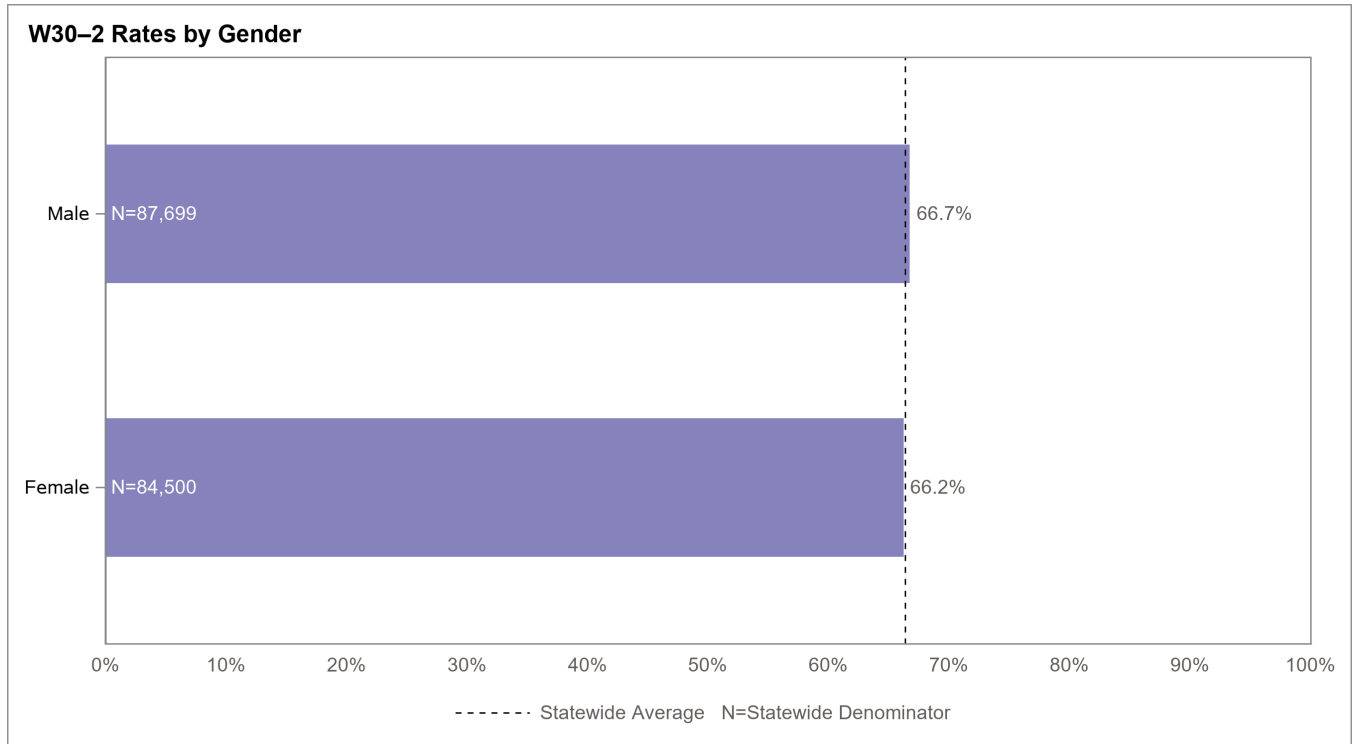Note: The rate for the Unknown/Missing group was suppressed due to a small numerator.

Figure B.76—Well Child Visits in the First 30 Months of Life—Well Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) Rates by Gender

Note: The rate for the Unknown/Missing group was 45.6 percent (N=68).

W30–2 Rates by Gender

Male – N=87,699 — 66.7%
Female – N=84,500 — 66.2%

- - - - - - - Statewide Average   N=Statewide Denominator

Behavioral Health Domain

Figure B.77 through Figure B.86 display the statewide Behavioral Health domain indicator rate and denominator for each gender. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed, where applicable.

Figure B.77—Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–Acute) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

AMM–Acute Rates by Gender

Gender	Rate
Female (N=72,291)	60.4%
Male (N=31,814)	59.2%

N=Statewide Denominator
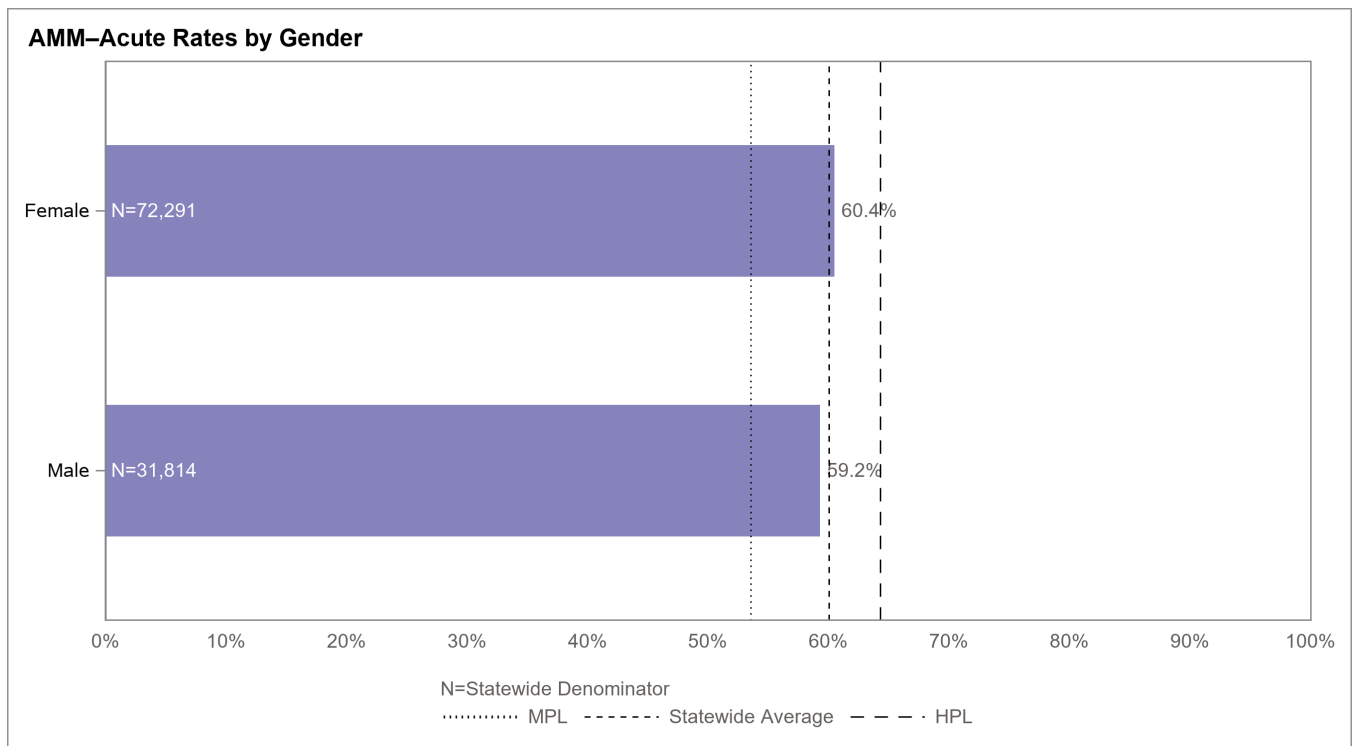·········· MPL   ------ Statewide Average   — — — · HPL

Figure B.78—Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–Cont) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

AMM–Cont Rates by Gender

Female – N=72,291 — 43.3%

Male – N=31,814 — 42.6%

N=Statewide Denominator
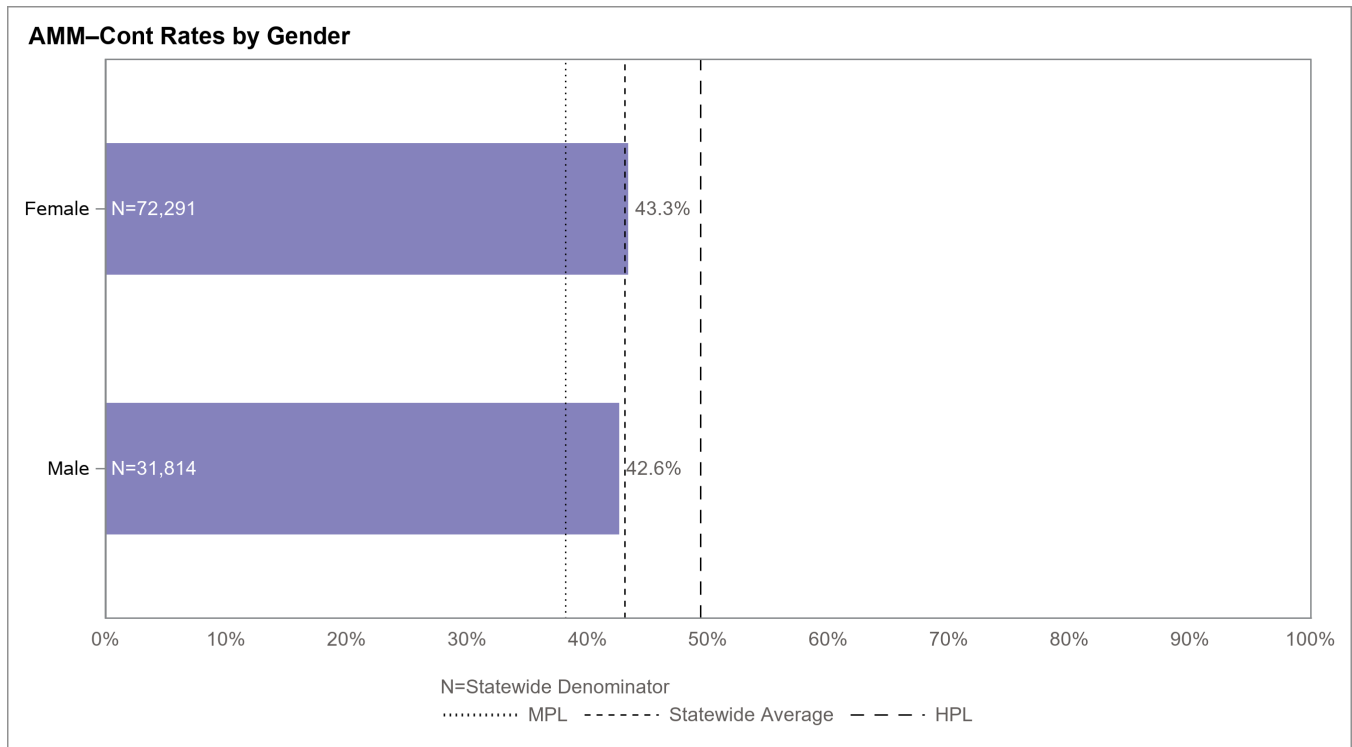·········· MPL ------- Statewide Average — — — · HPL

Figure B.79—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

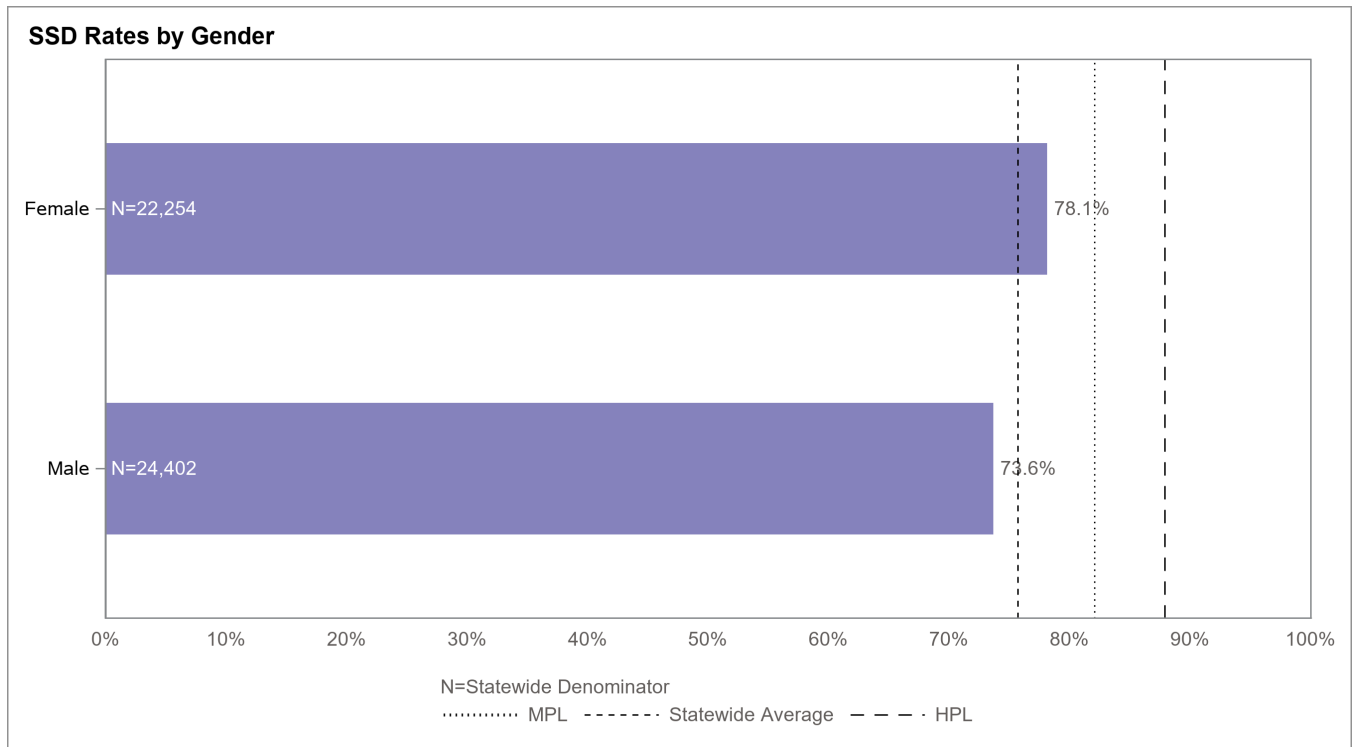The high performance level represents the national Medicaid 90th percentile for this indicator.

SSD Rates by Gender

Female – N=22,254 — 78.1%
Male – N=24,402 — 73.6%

N=Statewide Denominator
·············· MPL - - - - - - Statewide Average — — — · HPL

Figure B.80—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

ADD–Init Rates by Gender

Female – N=4,732   44.3%

Male – N=14,190   43.8%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

N=Statewide Denominator

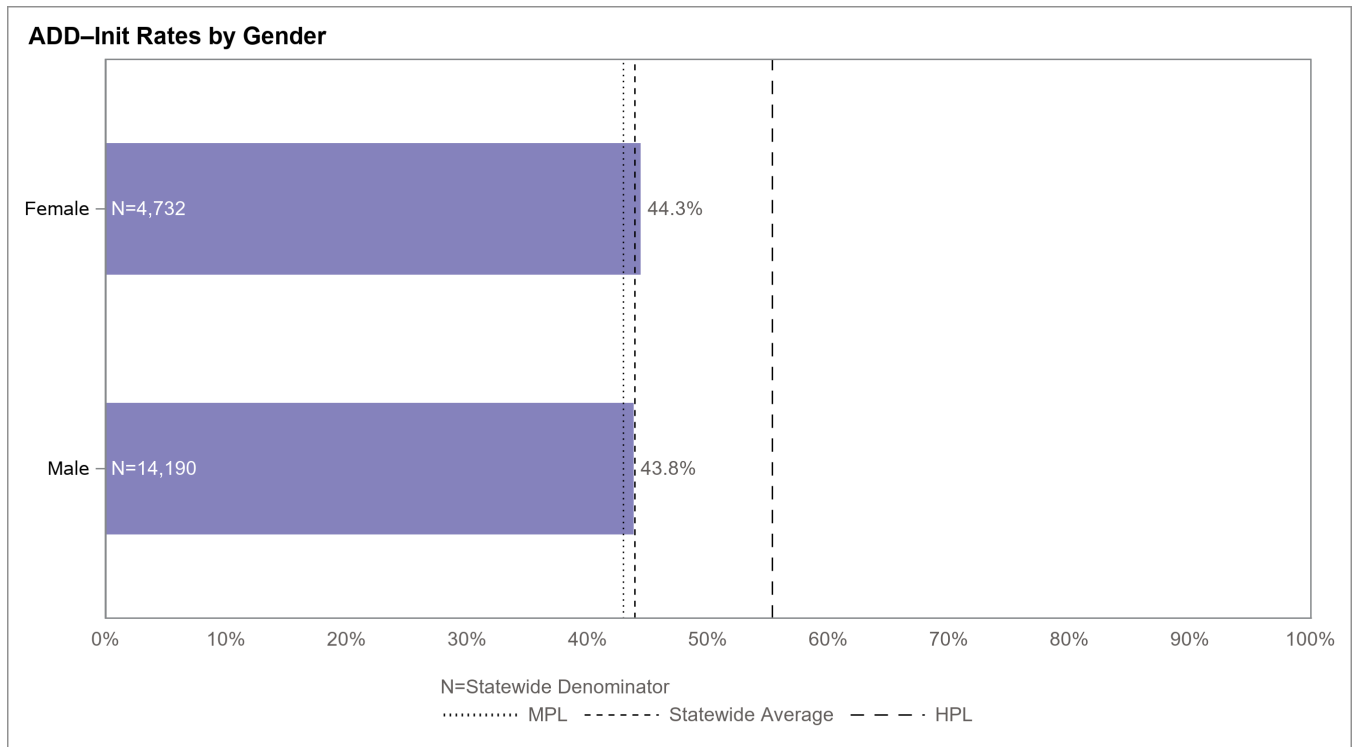············· MPL   - - - - - - Statewide Average   — — — · HPL

Figure B.81—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

ADD–C&M Rates by Gender

Gender	Rate
Male (N=3,063)	49.5%
Female (N=995)	48.7%

N=Statewide Denominator
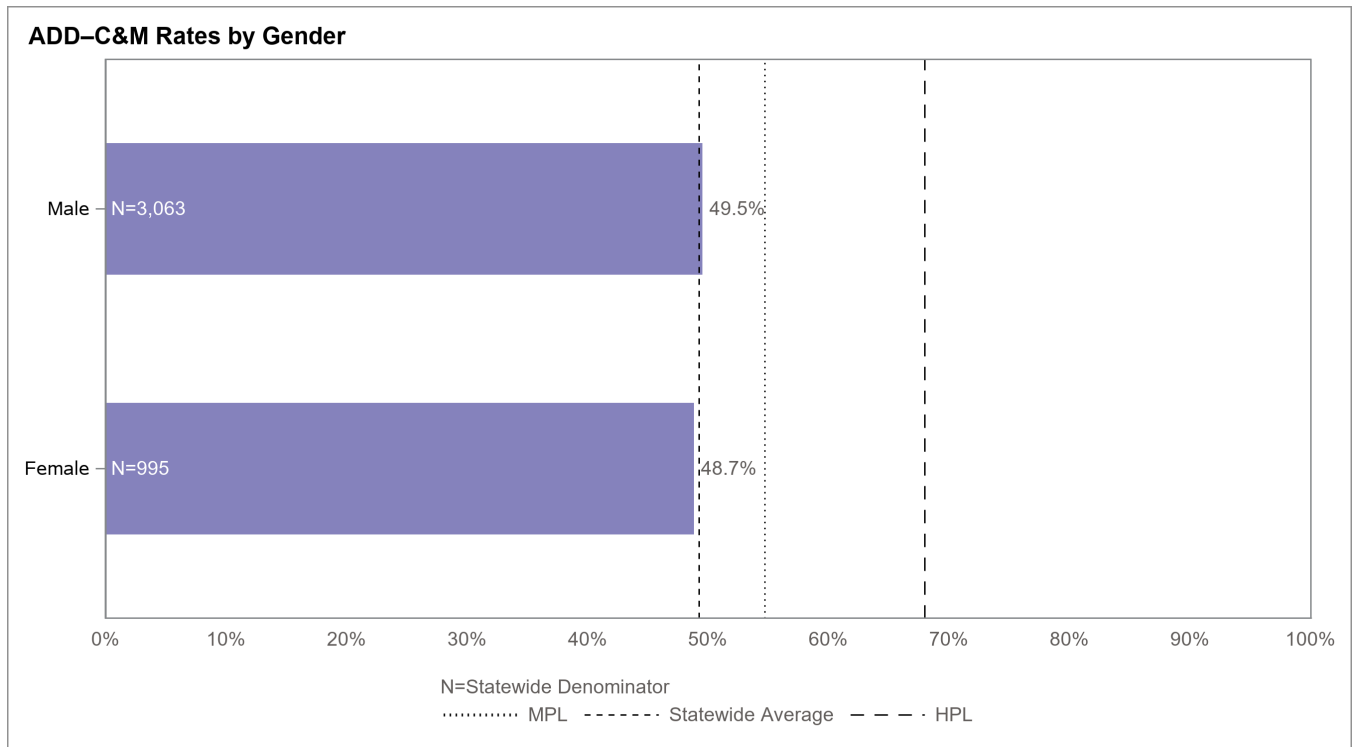·········· MPL - - - - - - Statewide Average — — — · HPL

Figure B.82—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–B Rates by Gender

Female – N=2,888 — 63.7%
Male – N=4,777 — 50.6%

N=Statewide Denominator
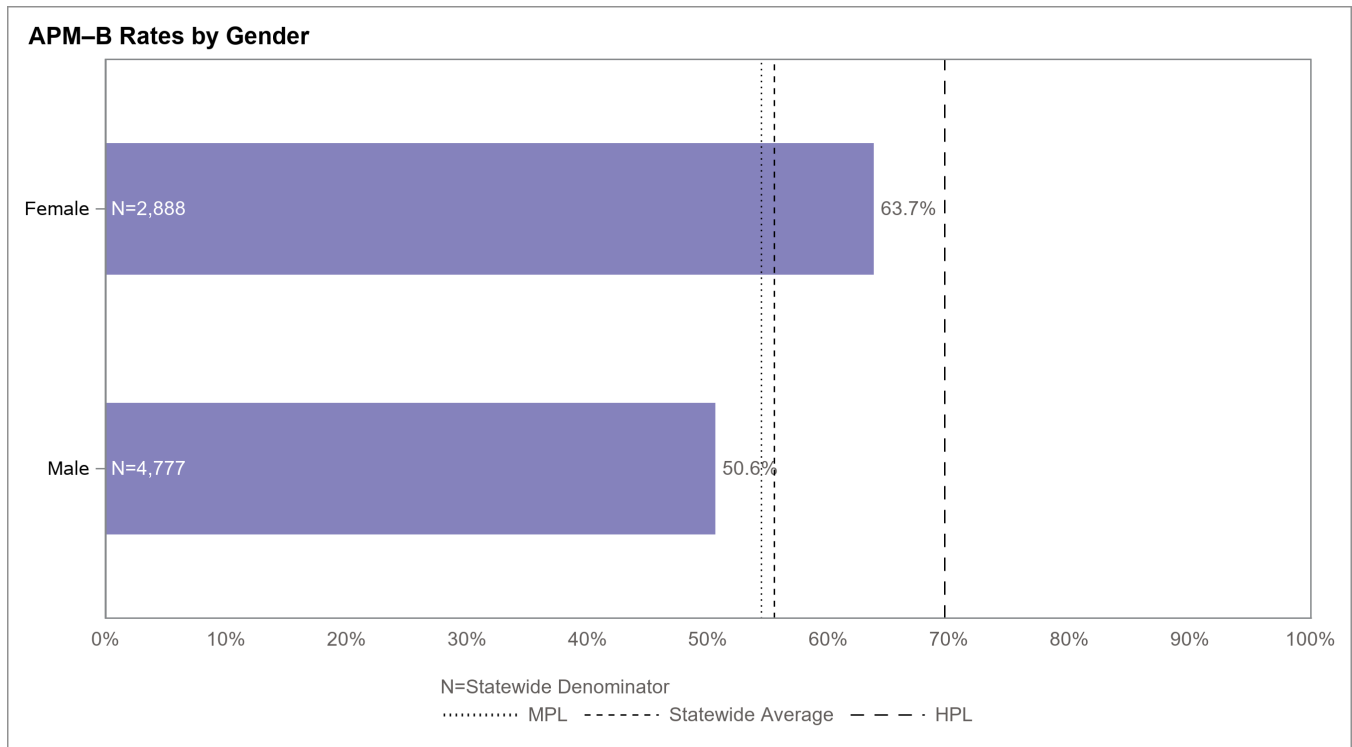·········· MPL - - - - - - Statewide Average — — — · HPL

Figure B.83—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.
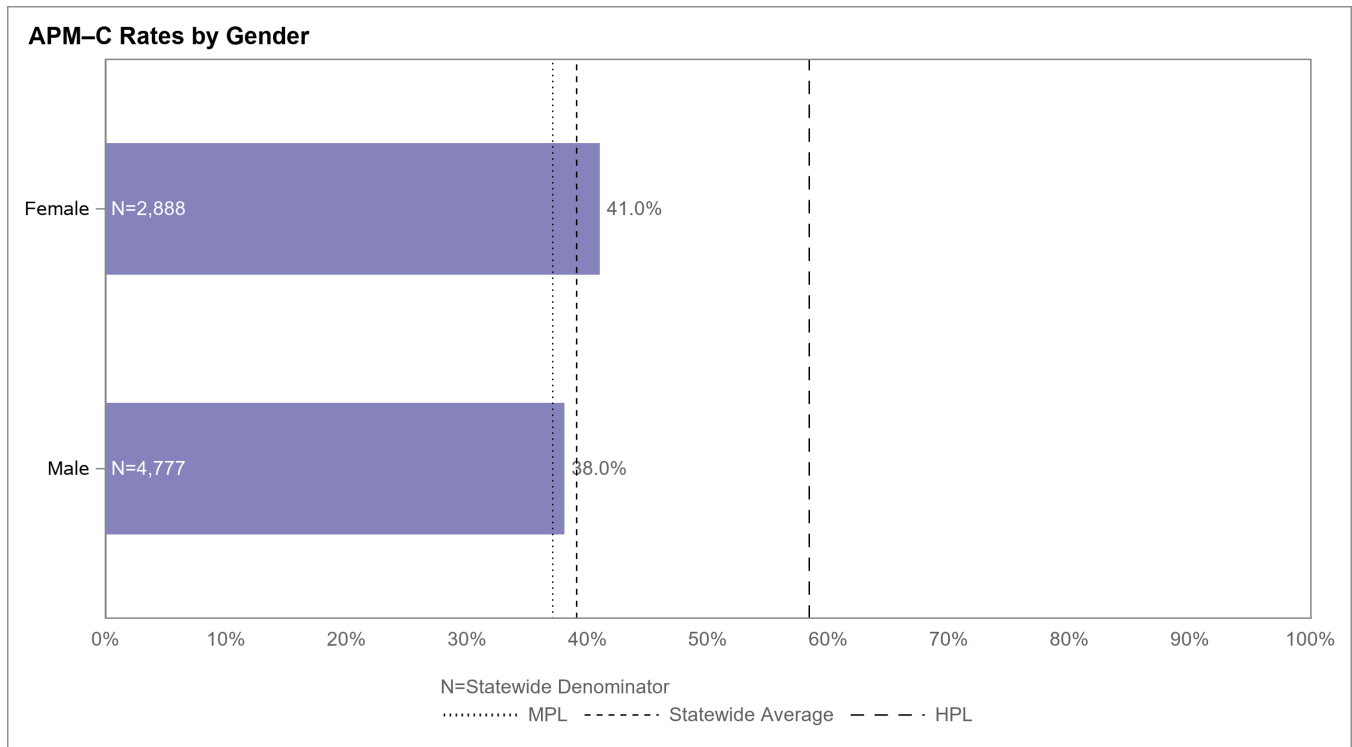
APM–C Rates by Gender

Gender	Rate
Female	N=2,888 — 41.0%
Male	N=4,777 — 38.0%

N=Statewide Denominator

·········· MPL - - - - - - Statewide Average — — — · HPL

Figure B.84—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

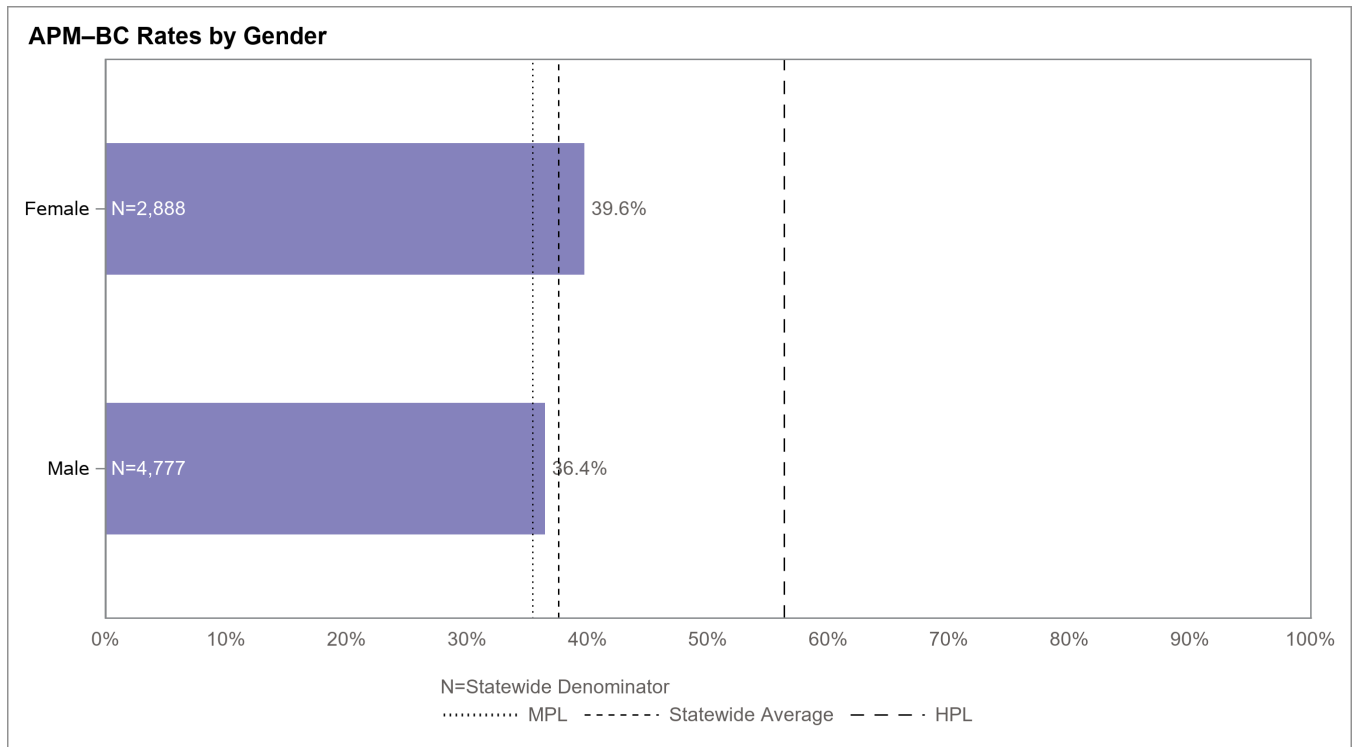The high performance level represents the national Medicaid 90th percentile for this indicator.

APM–BC Rates by Gender

Female N=2,888 39.6%
Male N=4,777 36.4%

N=Statewide Denominator
········· MPL ------ Statewide Average — — — · HPL

Figure B.85—Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF–1217) Rates by Gender

Note: The rate for the Unknown/Missing group was 9.4 percent (N=1,315).
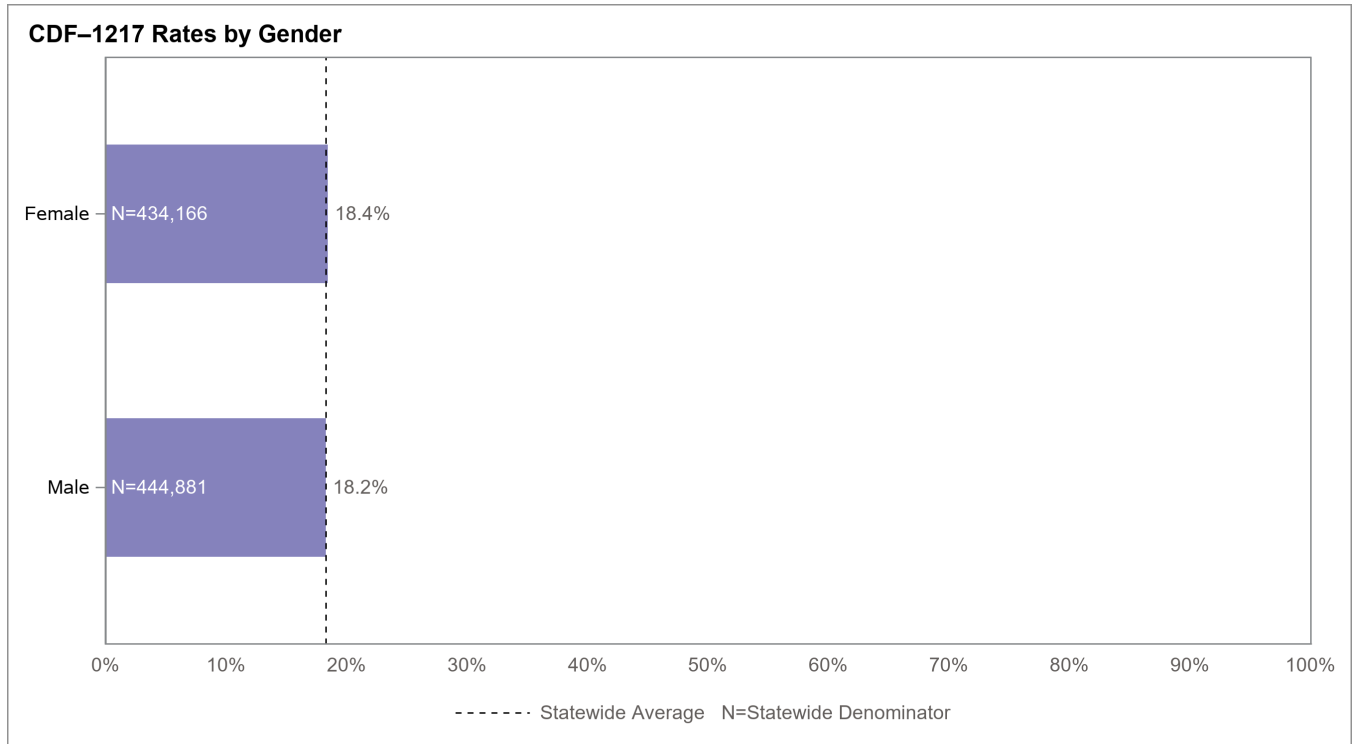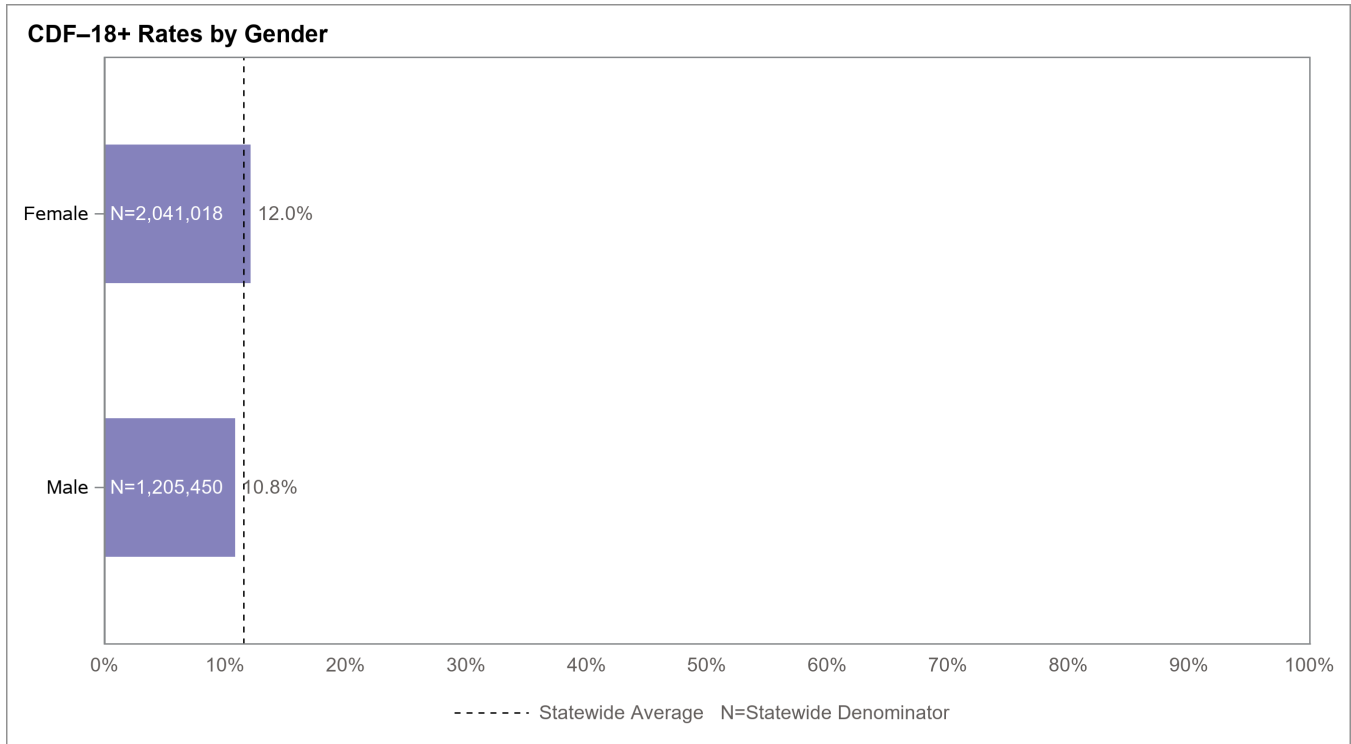

CDF–1217 Rates by Gender

Female — N=434,166 18.4%

Male — N=444,881 18.2%

- - - - - - Statewide Average   N=Statewide Denominator

Figure B.86—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF–18+) Rates by Gender

Note: The rate for the Unknown/Missing group was 2.9 percent (N=9,633).

CDF–18+ Rates by Gender

Female — N=2,041,018   12.0%

Male — N=1,205,450   10.8%

- - - - - - Statewide Average   N=Statewide Denominator

Acute and Chronic Disease Management Domain

Figure B.87 through Figure B.93 display the statewide Acute and Chronic Disease Management domain indicator rate and denominator for each gender. Reference lines for the highest performance level, minimum performance level/median state performance rate, and statewide average are displayed, where applicable.

Figure B.87—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Gender

Note: The rate for the Unknown/Missing group was 37.1 emergency department visits per 1,000 member months (N=41,174).
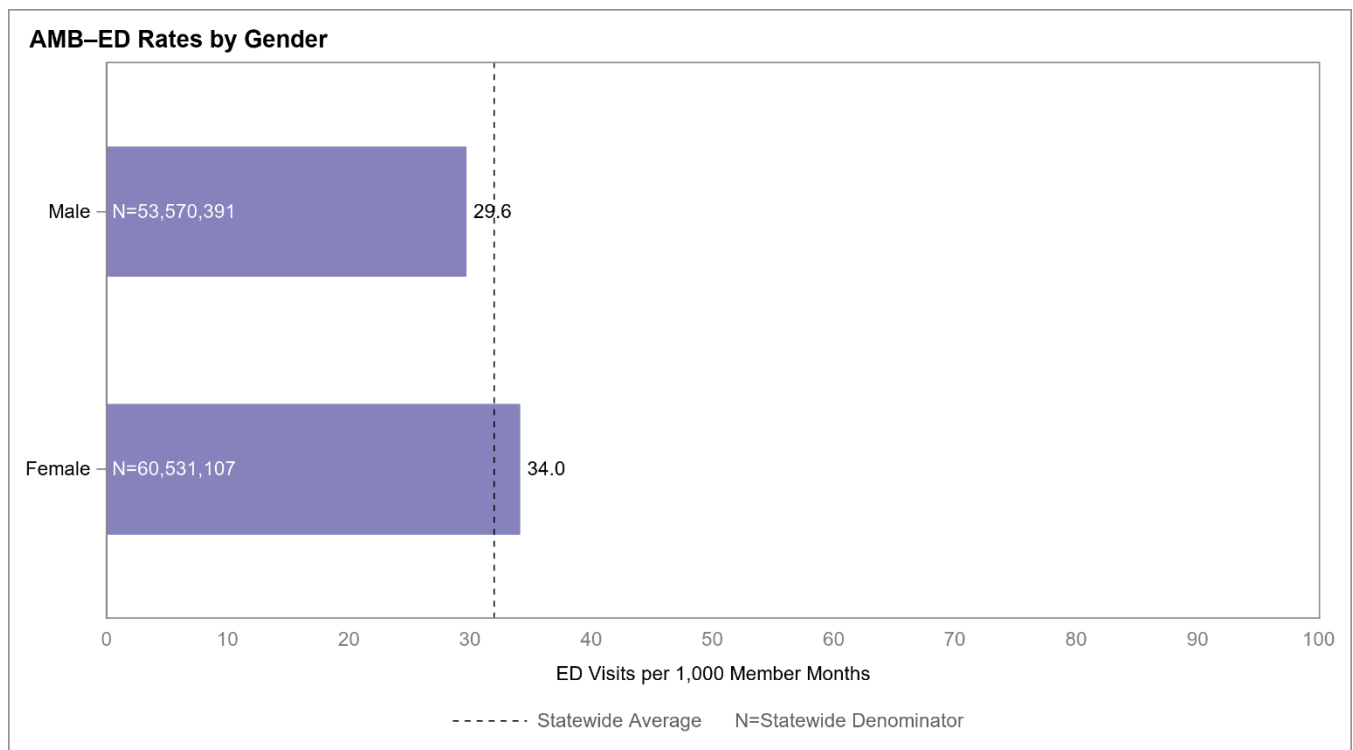
Figure B.88—Asthma Medication Ratio—Total (AMR) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

AMR Rates by Gender

Gender	Rate
Male — N=47,315	65.3%
Female — N=58,906	63.4%

N=Statewide Denominator

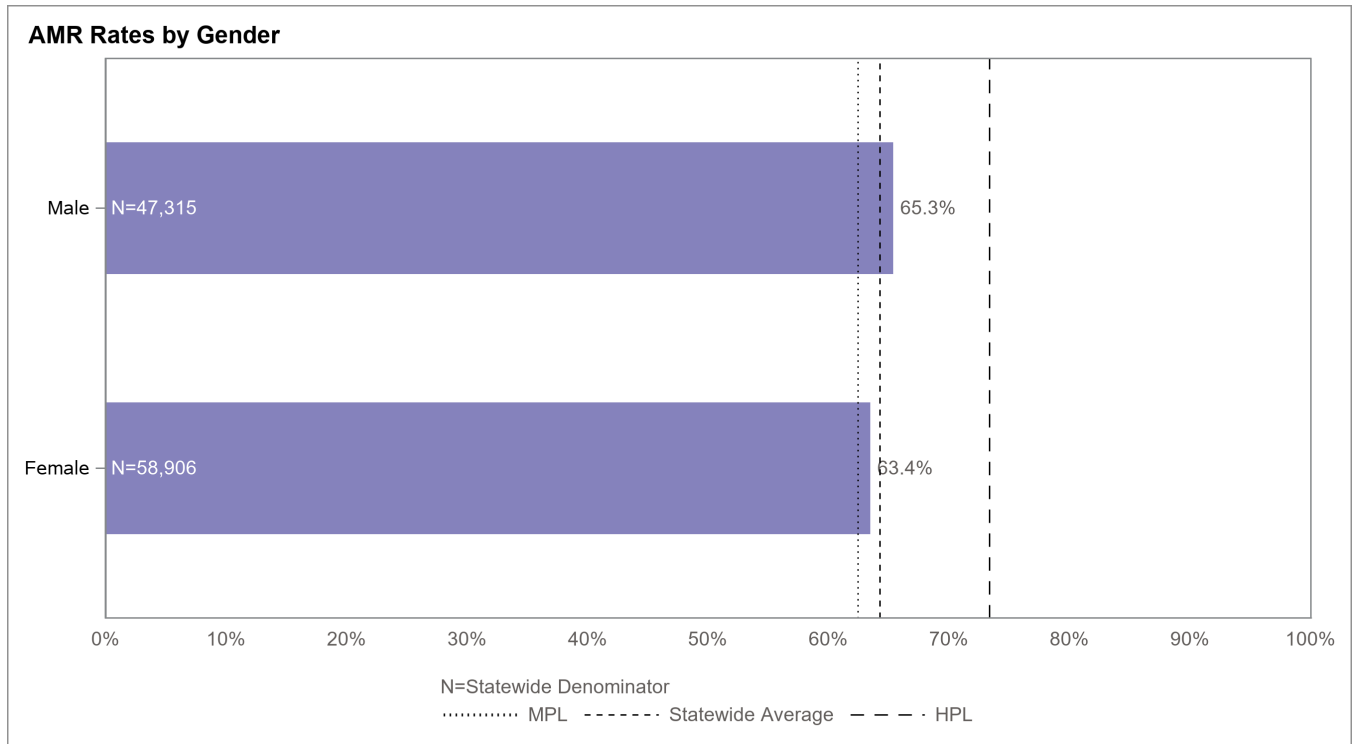·········· MPL   - - - - - · Statewide Average   — — — · HPL

Figure B.89—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

A lower rate indicates more favorable performance for this indicator.

The minimum performance level represents the national Medicaid 50th percentile for this indicator.

The high performance level represents the national Medicaid 90th percentile for this indicator.

CDC–H9 Rates by Gender

Female N=12,029 — 38.5%

Male N=9,736 — 43.8%

N=Statewide Denominator

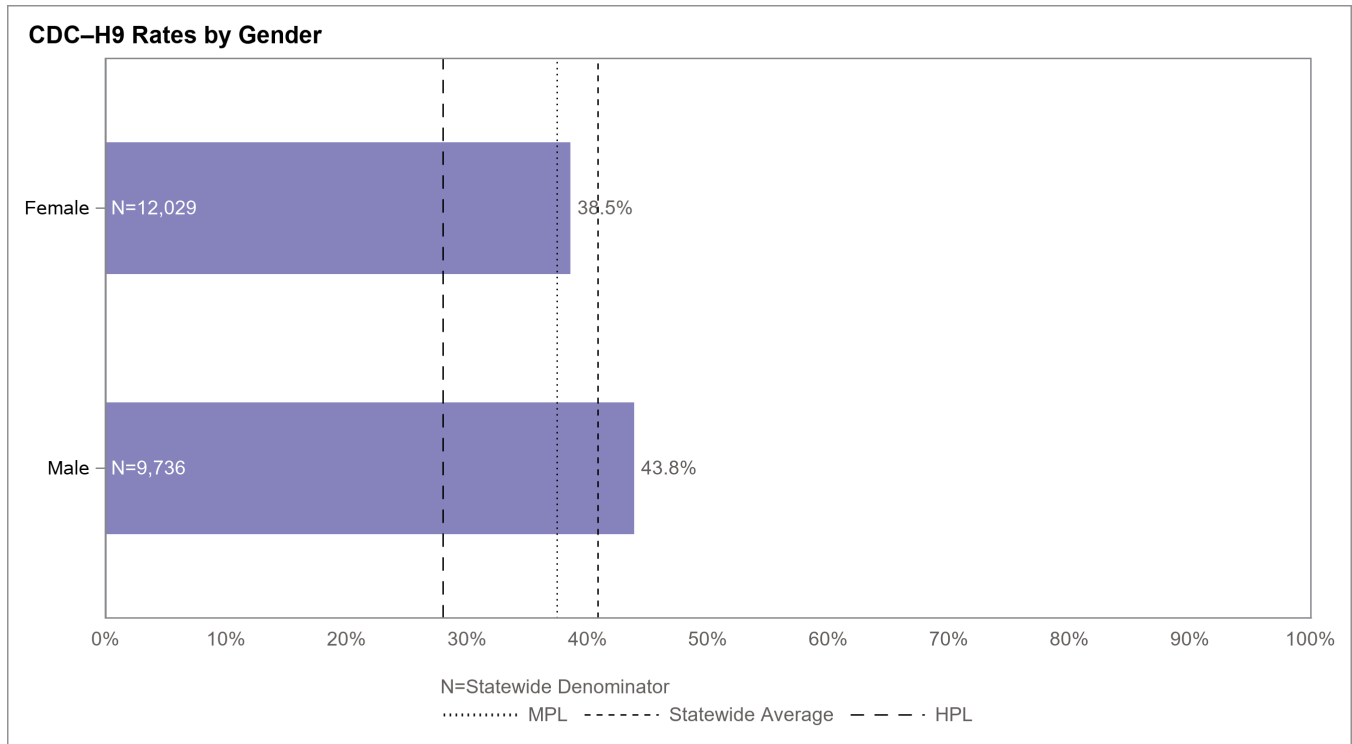............ MPL - - - - - - Statewide Average — — — · HPL

Figure B.90—Concurrent Use of Opioids and Benzodiazepines (COB) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small numerator.

A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile.

COB Rates by Gender

Gender	N	Rate
Male	N=65,174	10.0%
Female	N=108,028	13.6%

N=Statewide Denominator

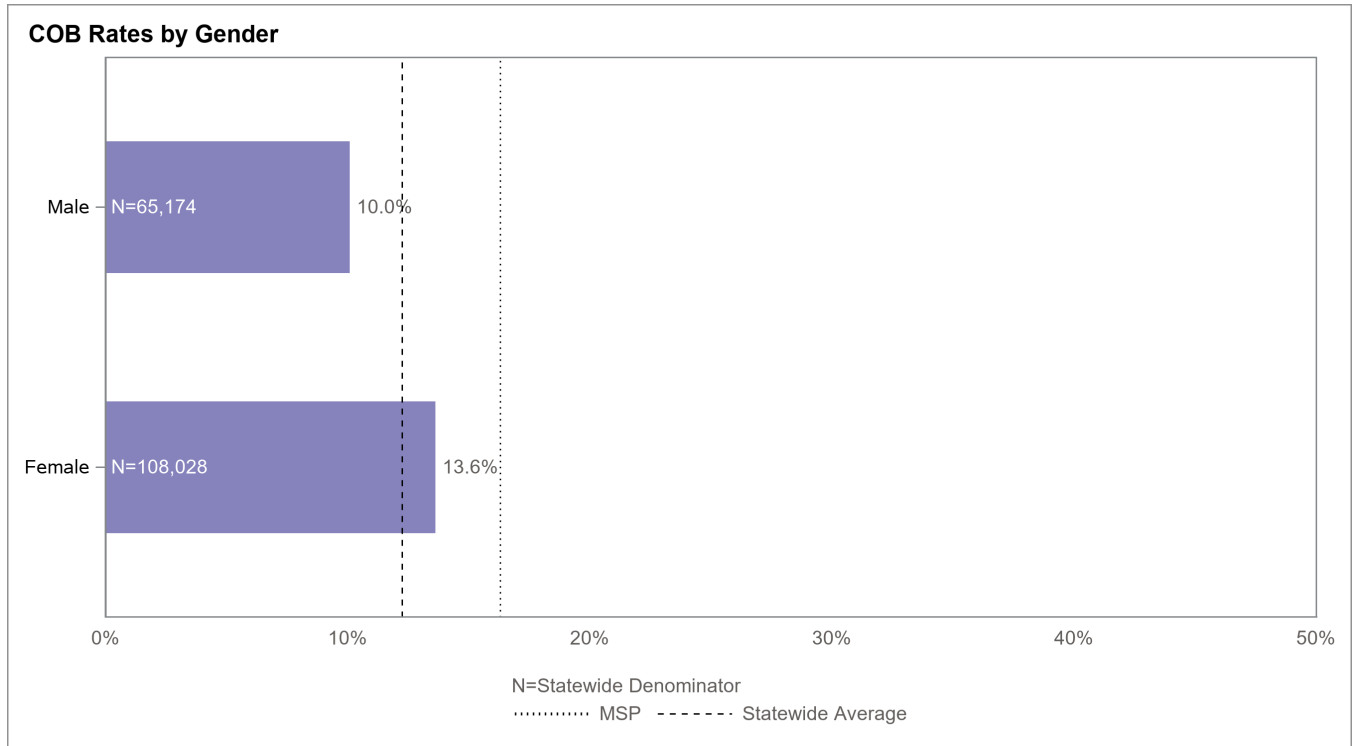············ MSP   ------ Statewide Average

Figure B.91—Controlling High Blood Pressure (CBP) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

CBP Rates by Gender

Female – N=12,554 — 59.3%

Male – N=10,261 — 53.3%

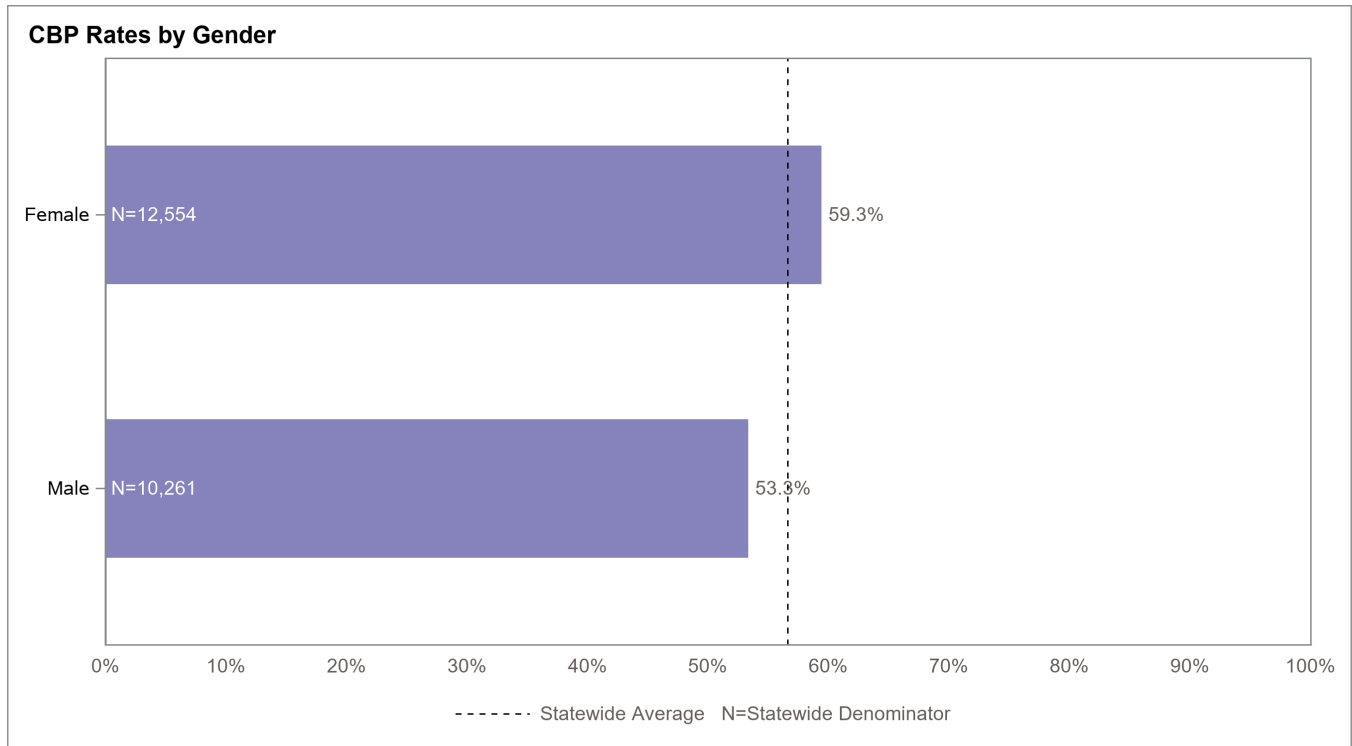- - - - - - - Statewide Average   N=Statewide Denominator

Figure B.92—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

A lower rate indicates more favorable performance for this indicator.

PCR–OR Rates by Gender

Female — N=104,400   8.5%

Male — N=101,121   10.2%

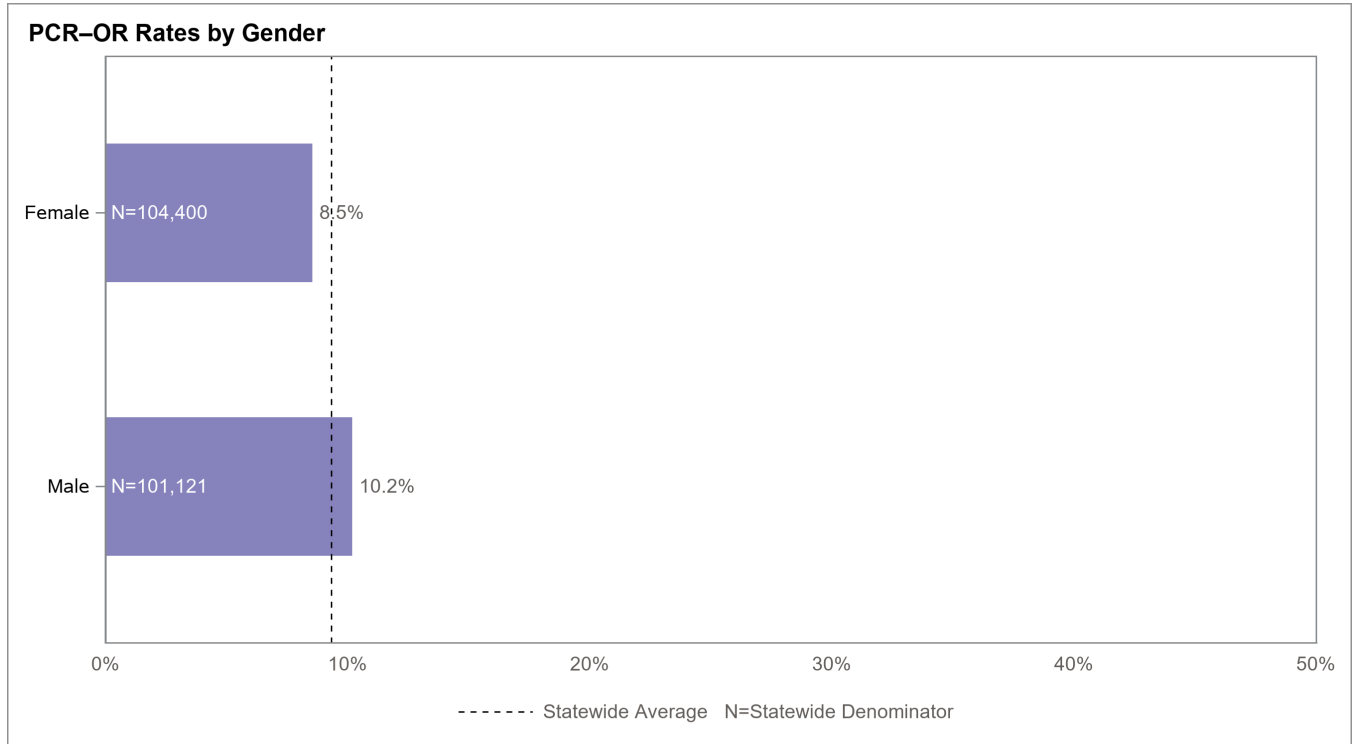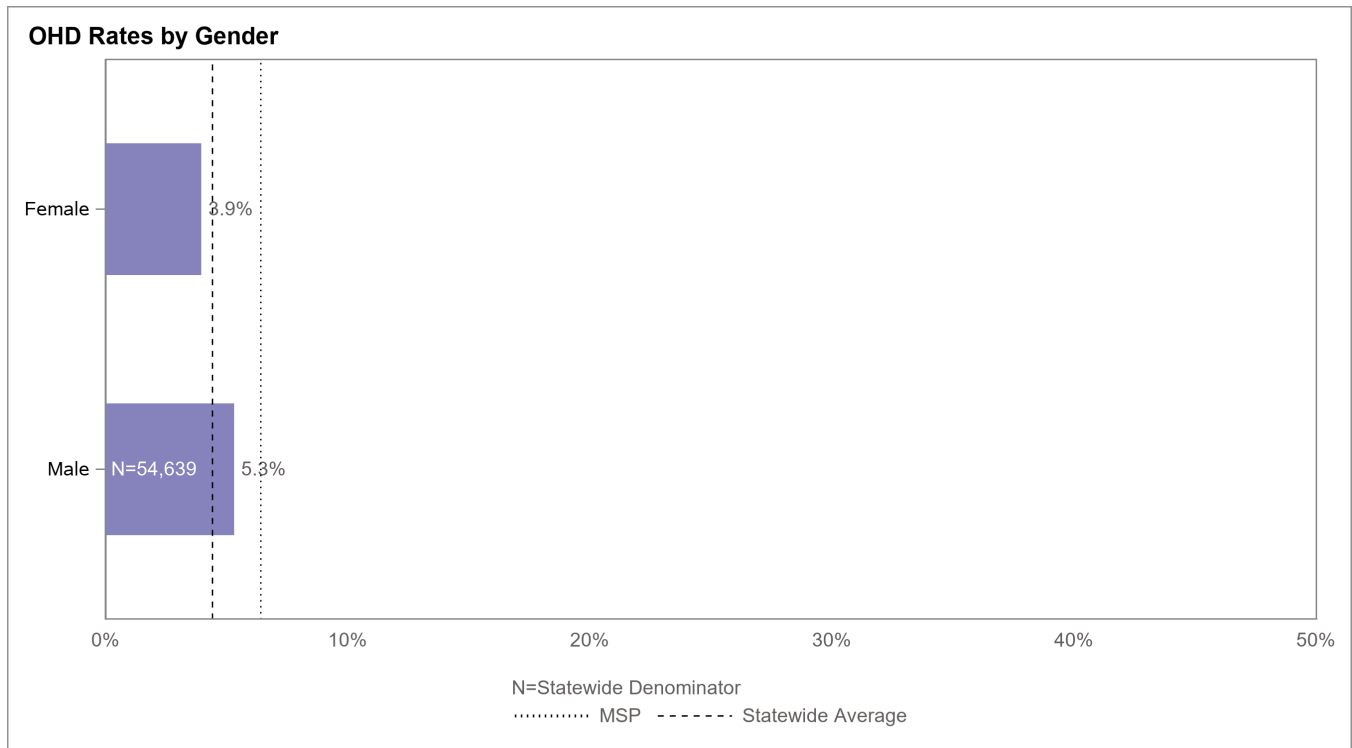- - - - - - Statewide Average   N=Statewide Denominator

Figure B.93—Use of Opioids at High Dosage in Persons Without Cancer (OHD) Rates by Gender

Note: The rate for the Unknown/Missing group was suppressed due to a small denominator.

The Female group had a statewide denominator of N=93,145.

A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile.

OHD Rates by Gender

N=Statewide Denominator

·········· MSP - - - - - - Statewide Average

SPD/non-SPD

Figure B.94 and Figure B.95 display the denominators and statewide rates for the SPD/non-SPD populations for the *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total* and *Plan All-Cause Readmissions—Observed Readmission Rate—Total* indicators.

Figure B.94—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by SPD/non-SPD

Note: A higher or lower rate does not necessarily indicate better or worse performance.

AMB–ED Rates by Specialty Population

Non-SPD — N=105,931,738 — 30.2

SPD — N=8,210,934 — 55.2

ED Visits per 1,000 Member Months

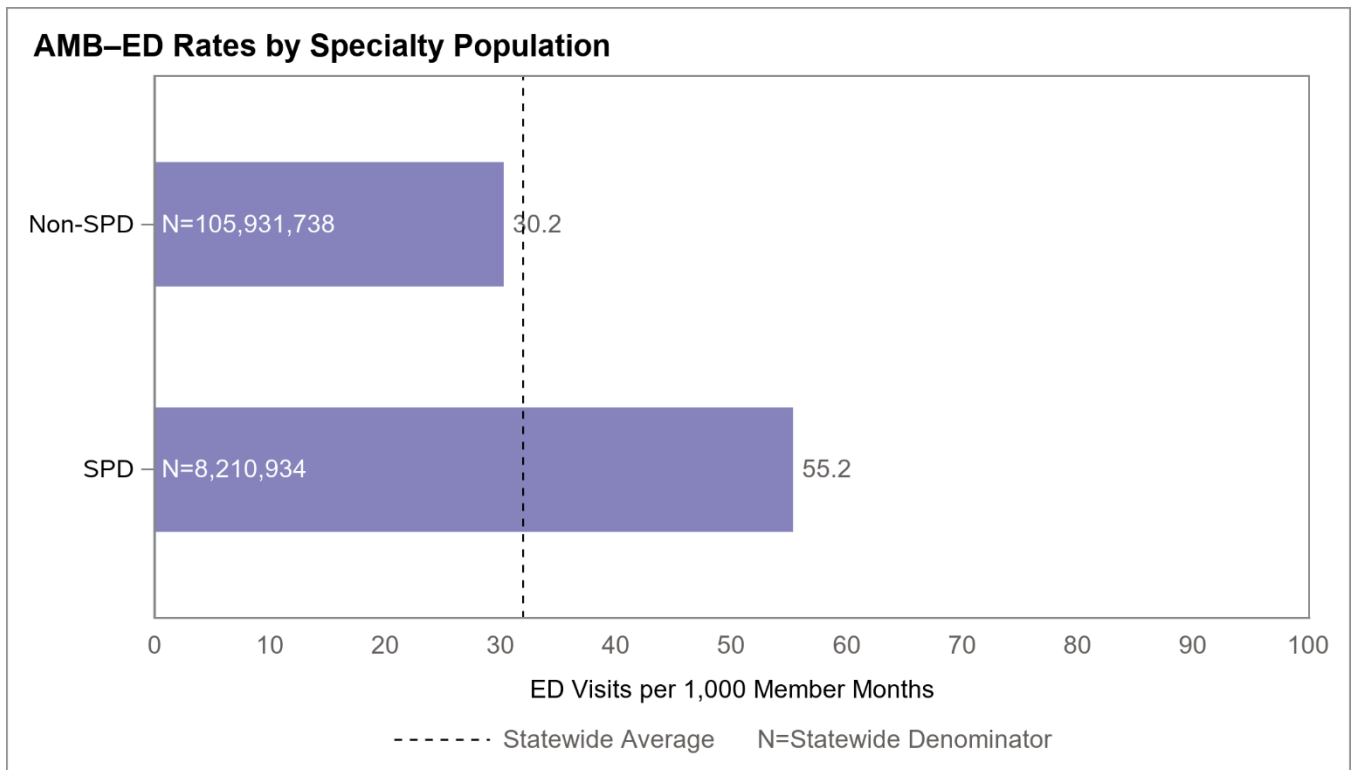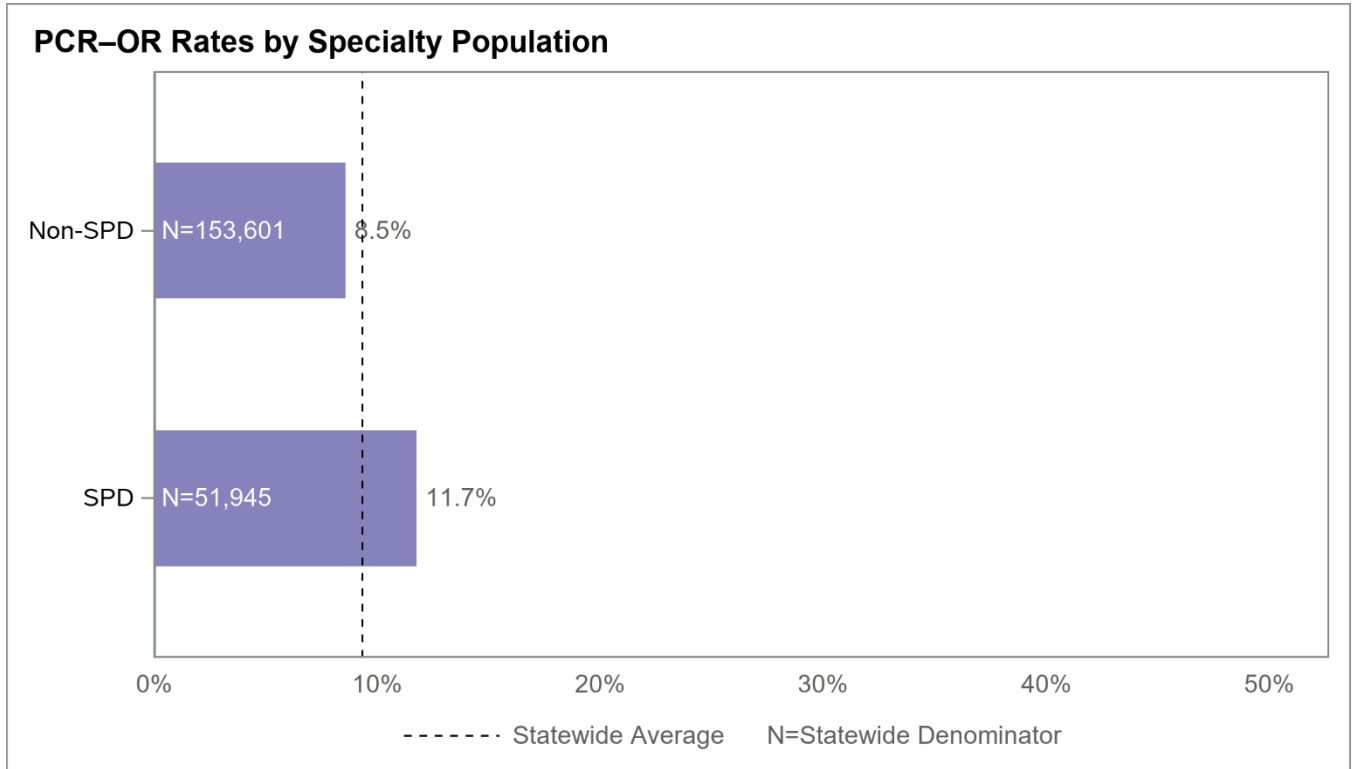- - - - - - Statewide Average   N=Statewide Denominator

Figure B.95—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by SPD/non-SPD

A lower rate indicates more favorable performance for this indicator.

PCR–OR Rates by Specialty Population

Non-SPD — N=153,601   8.5%

SPD — N=51,945   11.7%

0%   10%   20%   30%   40%   50%

- - - - - - Statewide Average   N=Statewide Denominator

Appendix C. Benchmark Values and Statewide Averages

Table C.1 displays the applicable benchmark values (minimum performance level, high performance level, and median state performance) and statewide averages for each MCAS indicator presented in this report.

Table C.1—Benchmark Values and Statewide Averages for Measurement Year 2020 MCAS Indicators

* A lower rate indicates more favorable performance.

^A higher or lower rate does not necessarily indicate better or worse performance.

N/A indicates there is not an applicable benchmark, or the benchmark was not used in this report.

Indicator	Minimum Performance Level	High Performance Level	Median State Performance	Statewide Average
Children's Health				
Child and Adolescent Well-Care Visits—Total	N/A	N/A	N/A	41.1%
Childhood Immunization Status—Combination 10	37.47%	52.07%	N/A	39.8%
Developmental Screening in the First Three Years of Life—Total	N/A	N/A	35.6%	23.1%
Immunizations for Adolescents—Combination 2	36.86%	50.85%	N/A	41.1%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total	80.50%	90.77%	N/A	79.1%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total	71.55%	85.16%	N/A	71.3%

Indicator	Minimum Performance Level	High Performance Level	Median State Performance	Statewide Average
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total	66.79%	81.02%	N/A	68.7%
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	N/A	N/A	N/A	37.7%
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits	N/A	N/A	N/A	66.4%
Women's Health				
Breast Cancer Screening	58.82%	69.22%	N/A	57.1%
Cervical Cancer Screening	61.31%	72.68%	N/A	58.1%
Chlamydia Screening in Women—Total	58.44%	71.42%	N/A	61.6%
Contraceptive Care—All Women—LARC— Ages 15–20 Years	N/A	N/A	4.3%	2.2%
Contraceptive Care—All Women—LARC— Ages 21–44 Years	N/A	N/A	5.1%	4.3%
Contraceptive Care—All Women—Most or Moderately Effective Contraception— Ages 15–20 Years	N/A	N/A	30.0%	14.7%
Contraceptive Care—All Women—Most or Moderately Effective Contraception— Ages 21–44 Years	N/A	N/A	24.5%	23.6%

Indicator	Minimum Performance Level	High Performance Level	Median State Performance	Statewide Average
Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years	N/A	N/A	2.1%	2.8%
Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years	N/A	N/A	1.9%	2.5%
Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years	N/A	N/A	16.4%	14.3%
Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years	N/A	N/A	12.6%	11.3%
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years	N/A	N/A	5.0%	5.0%
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years	N/A	N/A	11.9%	10.4%
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years	N/A	N/A	43.9%	37.3%
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years	N/A	N/A	41.6%	36.7%

Indicator	Minimum Performance Level	High Performance Level	Median State Performance	Statewide Average
Prenatal and Postpartum Care—Postpartum Care	76.40%	84.18%	N/A	80.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	89.05%	95.86%	N/A	87.6%
Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase Treatment	53.57%	64.29%	N/A	60.0%
Antidepressant Medication Management—Effective Continuation Phase Treatment	38.18%	49.37%	N/A	43.1%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.09%	87.91%	N/A	75.7%
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	42.95%	55.33%	N/A	43.9%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	54.73%	67.98%	N/A	49.3%
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total	54.42%	69.66%	N/A	55.5%
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total	37.08%	58.4%	N/A	39.1%

Indicator	Minimum Performance Level	High Performance Level	Median State Performance	Statewide Average
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	35.43%	56.34%	N/A	37.6%
Screening for Depression and Follow-Up Plan—Ages 12–17 Years	N/A	N/A	N/A	18.3%
Screening for Depression and Follow-Up Plan—Ages 18+ Years	N/A	N/A	N/A	11.5%
Acute and Chronic Disease Management				
*Ambulatory Care— Emergency Department Visits per 1,000 Member Months— Total^*	N/A	N/A	N/A	32.0
Asthma Medication Ratio— Total	62.43%	73.38%	N/A	64.3%
*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)**	37.47%	27.98%	N/A	40.9%
*Concurrent Use of Opioids and Benzodiazepines**	N/A	N/A	16.3%	12.3%
Controlling High Blood Pressure	N/A	N/A	N/A	56.6%
*Plan All-Cause Readmissions—Observed Readmission Rate—Total**	N/A	N/A	N/A	9.3%
*Use of Opioids at High Dosage in Persons Without Cancer**	N/A	N/A	6.4%	4.4%

Overview

Health disparities reflect gaps in the quality of care between populations.[12] To assess and improve health disparities, the California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct a health disparities study using the managed care accountability set (MCAS) measures reported by the 25 Medi-Cal managed care health plans (MCPs) for measurement year 2020 with data derived from calendar year 2020. MCAS measures reflect clinical quality, timeliness, and access to care provided by MCPs to their members, and each MCP is required to report audited MCAS results to DHCS annually. The goal of the Health Disparities analysis is to improve health care for Medi-Cal members by evaluating the health care disparities affecting members enrolled in Medi-Cal MCPs. This report does not include data for fee-for-service beneficiaries in Medi-Cal.

For the 2020–21 contract year, HSAG evaluated measure data collected for measurement year 2020 at the statewide level, also known as Healthcare Effectiveness Data and Information Set (HEDIS®[13] measurement year 2020. Several measures include more than one indicator; therefore, this report will refer to indicators rather than measures. For each indicator, MCPs used numerator and denominator criteria and minimum enrollment requirements defined either by the HEDIS specifications for the Medicaid population or by the Centers for Medicare & Medicaid Services' (CMS') Core Set of Adult Health Care Quality Measures for Medicaid and Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child and Adult Core Set) specifications. HSAG aggregated results from 25 MCPs and then stratified the statewide rates for the MCAS indicators by the following demographic stratifications:

- Race/ethnicity
- Primary language
- Age
- Gender

HSAG also stratified two indicators (*Ambulatory Care* and *Plan All-Cause Readmissions*) by the Seniors and Persons with Disabilities (SPD) and non-SPD populations. Although HSAG stratified all indicators by race/ethnicity, primary language, age, and gender, HSAG only identified racial/ethnic health disparities based on comparisons to the minimum performance levels (i.e., the 2020 National Committee for Quality Assurance [NCQA] Quality Compass® national Medicaid 50th percentiles) for the HEDIS MCAS indicators and the median state performance rates (i.e., the 50th percentiles) from CMS' Federal Fiscal Year (FFY) 2020 Child

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[12] Kilbourne AM, Switzer G, Hyman K, et al. Advancing health disparities research within the health care system: A conceptual framework. *American Journal of Public Health.* 2006; 96:2113-2121. Available at: https://doi.org/10.2105/AJPH.2005.077628. Accessed on: Oct 18, 2021.

[13] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

and Adult Health Care Quality Measures data set [14] for the non-HEDIS MCAS indicators, when available.

Data Sources

HSAG received a CA-required patient-level detail file from each MCP for each HEDIS reporting unit. The measurement year 2020 patient-level detail files followed HSAG's patient-level detail file instructions and included the Medi-Cal client identification number and date of birth for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files indicated whether a member was included in the numerator and/or denominator for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator and denominator counts matched what was reported by MCPs in the audited HEDIS Interactive Data Submission System files and non-HEDIS Microsoft Excel reporting files. Please note, it is possible that non-certified eligible members were included by some or all MCPs in the measurement year 2020 rates. HSAG used these patient-level detail files, along with supplemental files (e.g., demographic data provided by DHCS), to perform the evaluation. HSAG obtained the following data elements from the CA-required demographic file from DHCS' Management Information System/Decision Support System data system:

♦ Member's Medi-Cal client identification number
♦ Date of birth
♦ ZIP Code
♦ Gender
♦ Race/Ethnicity
♦ Primary language
♦ County

For the SPD/non-SPD stratification for the *Ambulatory Care* and *Plan All-Cause Readmissions* indicators, HSAG used the audited SPD and non-SPD rates all MCPs were required to report for measurement year 2020 using the SPD Microsoft Excel reporting file.

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[14] Centers for Medicare & Medicaid Services. 2020 child and adult health care quality measures quality. Available at: 2020 child and adult health quality measures. Accessed on: Nov 5, 2021.

Combining Data

To calculate indicator rates for the demographic stratifications, HSAG first had to combine the indicator files provided by MCPs with the demographic file provided by DHCS. The following outlines HSAG's process for matching members in the indicator files:

Step 1: Records that were missing demographic information for every field were deleted from the demographic file.

Step 2: For records missing demographic values (e.g., race/ethnicity, language, gender, or county), HSAG obtained the demographic values from another record in the demographic file using the following logic:

♦ HSAG prioritized records from the same reporting unit as the patient-level detail file. If there were no records within the same reporting unit, then HSAG used records from other reporting units to retrieve missing information.

♦ HSAG prioritized the most recent non-missing observation within the measurement year using the following logic:

■ HSAG first tried to recover the missing demographic values from the most recent non-missing observation within measurement year 2020.

■ If HSAG could not recover the missing demographic values from a record within measurement year 2020, then the most recent non-missing observation from measurement year 2019 was used.

♦ If HSAG could not obtain data for the missing demographic values, then a value of "Unknown/Missing" was assigned.

Step 3: HSAG combined the demographic file to the patient-level detail file by Medi-Cal client identification number and prioritized matches within the same reporting unit first, using records from other reporting units when necessary using the same logic as in Step 2. Additionally, to avoid combining a parent record with a child record that contained the same client identification number, HSAG only considered a client identification number to match if the date of birth in the demographic file was within 10 years of the date of birth recorded in the indicator file. If a client identification number had multiple records in the demographic file with a date of birth within 10 years of each other, the most recent non-missing demographic information was used. If HSAG could not obtain county data from the demographic file, then HSAG did the following:

♦ If the county code was missing or "Unknown," then HSAG imputed the county based on the ZIP Code from the demographic file.

♦ If the ZIP Code and the county were missing, HSAG assigned a county of "Unknown/Missing."

Indicators and Stratifications

Table D.1 displays the indicators included in the analysis, the reporting methodology for each indicator, the age groups for each indicator, and the available benchmarks for each indicator. Because the age parameters for each indicator differ, HSAG collaborated with DHCS to define the age groups listed in Table D.1 for each indicator.

Due to NCQA's recommendation for a break in trending, benchmark unavailability, or limitations with the data, HSAG was unable to perform analyses to identify health disparities for the following indicators:

♦ *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total*
♦ *Child and Adolescent Well-Care Visits*
♦ *Controlling High Blood Pressure*
♦ *Plan All-Cause Readmissions*
♦ *Screening for Depression and Follow-Up Plan*
♦ *Well-Child Visits in the First 30 Months of Life*

While HSAG did not identify health disparities for the indicators listed above, HSAG stratified these indicators by race/ethnicity, primary language, age, and gender, where applicable, and presented the results in an appendix to the report.

Table D.1—Indicators, Reporting Methodology, Age Groups, and Benchmarking Source

A = administrative methodology (claims/encounter data and supplemental administrative data sources)

H = hybrid methodology (a combination of claims/encounter data and medical record review data)

N/A indicates national benchmarks are not available or NCQA recommended a break in trending for the corresponding indicator.

*Indicates a lower rate is better.

^Indicates a higher or lower rate does not necessarily indicate better or worse performance.

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
Children's Health			
Child and Adolescent Well-Care Visits—Total	A	3–11 Years; 12–17 Years; 18–21 Years	N/A
Childhood Immunization Status— Combination 10	H	2 Years	NCQA 2020 Quality Compass

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
Developmental Screening in the First Three Years of Life—Total	A	1 Year; 2 Years; 3 Years	FFY 2020 Child Core Set
Immunizations for Adolescents— Combination 2	H	13 Years	NCQA 2020 Quality Compass
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total, Counseling for Nutrition—Total, and *Counseling for Physical Activity—Total*	H	3–11 Years; 12–17 Years	NCQA 2020 Quality Compass
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*	A	15 Months; 30 Months	N/A
Women's Health			
Breast Cancer Screening—Total	A	50–64 Years; 65–74 Years	NCQA 2020 Quality Compass
Cervical Cancer Screening	H	21–64 Years	NCQA 2020 Quality Compass
Chlamydia Screening in Women—Total	A	16–20 Years; 21–24 Years	NCQA 2020 Quality Compass
Contraceptive Care—All Women— LARC and *Most or Moderately Effective Contraception*	A	15–20 Years; 21–44 Years	FFY 2020 Child and Adult Core Set
Contraceptive Care—Postpartum Women—LARC and *Most or Moderately Effective Contraception—3 Days* and *60 Days*	A	15–20 Years; 21–44 Years	FFY 2020 Child and Adult Core Set

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
Prenatal and Postpartum Care—Postpartum Care and *Timeliness of Prenatal Care*	H	<18 Years; 18–20 Years; 21–34 Years; 35–44 Years; 45+ Years	NCQA 2020 Quality Compass
Behavioral Health			
Antidepressant Medication Management—Effective Acute Phase Treatment—Total and *Effective Continuation Phase Treatment—Total*	A	18+ Years	NCQA 2020 Quality Compass
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	A	18–64 Years	NCQA 2020 Quality Compass
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication—Initiation Phase and *Continuation and Maintenance Phase*	A	6–12 Years	NCQA 2020 Quality Compass
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and *Blood Glucose and Cholesterol Testing—Total*	A	1–11 Years; 12–17 Years	NCQA 2020 Quality Compass
Screening for Depression and Follow-Up Plan	A	12–17 Years; 18–64 Years 65+ Years	N/A
Acute and Chronic Disease Management			
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total^*	A	<1 Years; 1–9 Years; 10–19 Years; 20–44 Years; 45–64 Years; 65–74 Years; 75–84 Years; 85+ Years;	NCQA 2020 Quality Compass

Indicator	Reporting Methodology	Age Groups	Benchmarking Source
Asthma Medication Ratio—Total	A	5–11 Years; 12–18 Years; 19–50 Years; 51–64	NCQA 2020 Quality Compass
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)*	H	18–20 Years; 21–44 Years; 45–64 Years; 65+ Years	NCQA 2020 Quality Compass
Concurrent Use of Opioids and Benzodiazepines*	A	18–64 Years; 65+ Years	FFY 2020 Adult Core Set
Controlling High Blood Pressure—Total	H	18–20 Years; 21–44 Years; 45–64 Years; 65+ Years	N/A
Plan All-Cause Readmissions—Observed Readmission Rate—Total*	A	18–44 Years; 45–54 Years; 55–64 Years	N/A
Use of Opioids at High Dosage in Persons Without Cancer*	A	18–64 Years; 65+ Years	FFY 2020 Adult Core Set

Table D.2 displays the demographic stratification groups for race/ethnicity, primary language, age, gender, and SPD/non-SPD.

Table D.2—Demographic Stratification Groups

*Primary language stratifications were derived from the current threshold languages for Medi-Cal managed care counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

**Due to data limitations, only the *Ambulatory Care* and *Plan All-Cause Readmissions* indicators were stratified by SPD.

Stratification	Groups
Race/ethnicity	Hispanic or Latino, White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other, and Unknown/Missing (see Table D.3 for more detail)

Stratification	Groups
Primary language*	English, Spanish, Arabic, Armenian, Cambodian, Chinese (Mandarin or Cantonese), Farsi, Hmong, Korean, Russian, Tagalog, Vietnamese, Other, and Unknown/Missing
Age	Vary depending on indicator specifications (see Table D.1 for more detail)
Gender	Male or Female
SPD**	SPD and non-SPD

Table D.3 displays the individual racial/ethnic groups that comprise the racial/ethnic demographic stratifications. Please note that for the analyses, the stratifications were collapsed into more meaningful comparison groups, as displayed in Table D.2. Racial/ethnic stratifications were based off data collection guidance from the federal Office of Management and Budget as well as the U.S. Department of Health and Human Services.

Table D.3—Racial/Ethnic Stratification Groups

*Some "Other Pacific Islanders" who would not be considered part of the Asian racial/ethnic group were included in the Asian racial/ethnic group due to limitations of existing data fields (i.e., the data do not allow HSAG to parse out racial/ethnic groups that may not be considered Asian).

Stratification	Groups
Hispanic or Latino	Hispanic or Latinx
White	White
Black or African American	Black or African American
Asian	Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Laotian, Vietnamese, and Other Asian or Pacific Islander*
American Indian or Alaska Native	American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander	Hawaiian, Guamanian, and Samoan
Other	Other
Unknown/Missing	Unknown/Missing

Rate Spreadsheets

After performing the analyses, HSAG compiled and produced indicator rate spreadsheets in a Microsoft Excel format that provided all indicator data for all stratifications (race/ethnicity, primary language, age, gender). HSAG produced a statewide and 25 MCP-specific rate spreadsheets that contain applicable numerator, denominator, eligible population, demographic, and rate data for each reporting unit. HSAG did not suppress any data in the rate spreadsheets since they were produced for internal use only.

Statistical Analysis

Based on the methodology for combining data described above, HSAG created separate member-level files for each indicator containing the numerator, denominator, and matched demographic information for each member. HSAG limited the member-level files to members with a non-zero denominator.

The rate spreadsheets contain data for all members included in MCPs' indicator reporting; however, for this report, HSAG pulled a random sample of 411 members for each MCP reporting unit that reported hybrid indicators using administrative data only. This was done to limit the overrepresentation of a specific MCP reporting unit's members toward the statewide average for hybrid indicators.

Using the member-level files created from matching the demographic records with the indicator files, HSAG performed a statewide-level health disparity analysis of the racial/ethnic demographic stratification using national benchmarks and calculating a 95 percent confidence interval around each racial/ethnic group's rate. HSAG calculated a statewide aggregate for each MCAS indicator by summing the numerators and denominators reported by each MCP reporting unit. To facilitate this, HSAG performed the procedures described below.

Statewide-Level Health Disparity Analysis

HSAG performed a statewide-level health disparity analysis for the racial/ethnic demographic stratification. Specifically, HSAG compared each racial/ethnic group to the applicable benchmarks:

♦ The minimum performance levels (i.e., the 2020 NCQA Quality Compass national Medicaid 50th percentiles) for the HEDIS MCAS indicators, when available.
♦ The median state performance rates (i.e., the 50th percentiles) from CMS' FFY 2020 Child and Adult Health Care Quality Measures data set for non-HEDIS MCAS indicators, when available.

For each indicator, HSAG calculated a 95 percent confidence interval around each racial/ethnic group's rate following NCQA's methodology:

$$lower\ interval = rate - 1.96\sqrt{\frac{rate(1-rate)}{denominator}} - \frac{1}{2 \times denominator}$$

$$upper\ interval = rate + 1.96\sqrt{\frac{rate(1-rate)}{denominator}} + \frac{1}{2 \times denominator}$$

For this report, a health disparity was defined as a rate for a racial/ethnic group that was worse than the reference rate (i.e., the minimum performance level or median state performance rate) and the upper interval of the 95 percent confidence interval was below the minimum performance level/median state performance rate. If the upper interval of the 95 percent confidence interval was at or above the minimum performance level/median state performance rate, then no disparity was identified.

Statewide-Level Racial/Ethnic Highest Performing Group Analysis

HSAG performed a statewide-level racial/ethnic highest performing analysis for each MCAS indicator. Specifically, HSAG calculated the proportion of each racial/ethnic group's rate from the highest performing group rate using the following formula:

$$\frac{Racial\ Ethnic\ Rate}{Highest\ Performing\ Racial\ Ethnic\ Rate}$$

For lower is better indicators, HSAG used the following formula:

$$\frac{1 - Racial\ Ethnic\ Rate}{1 - Highest\ Performing\ Racial\ Ethnic\ Rate}$$

COVID-19 Analysis

DHCS provided COVID-19 summary data for the Medi-Cal managed care program, including COVID-19 rates for the Medi-Cal managed care program population stratified by demographics (i.e., race/ethnicity, primary language, age, and gender), when possible, to better understand the prevalence of COVID-19 within the Medi-Cal managed care program population. HSAG presented the DHCS-provided summary data and narrative within the Executive Summary of the Health Disparities Report.

Reporting

HSAG produced a formal report focusing on racial/ethnic disparities at the statewide level. Since the report is public-facing, HSAG suppressed results with small denominators (less than 30) or small numerators (less than 11). In the Health Disparities Report, rates shown in bar graphs or text for indicators represent the total numerator divided by the total denominator as a percentage, unless otherwise indicated.

HSAG produced horizontal bar graphs for each indicator to display the rates for each racial/ethnic group in descending order (i.e., the highest performing rate was at the top of the graphic and the lowest performing rate was at the bottom of the graphic). HSAG included the following data elements on the graphics, where applicable:

♦ Performance rates for each racial/ethnic group
♦ Reference lines for the high performance level[15], when available; minimum performance level/median state performance rate; and statewide aggregate
♦ Confidence intervals for each racial/ethnic rate
♦ Indication of a disparity using a downward arrow

In addition, HSAG produced a horizontal stacked bar graph for each domain (Children's Health, Women's Health, Behavioral Health, Acute and Chronic Disease Management) that displays the percentage of indicators for each racial/ethnic group with or without a disparity for that domain. A similar horizontal stacked bar graph was created to display overall racial/ethnic health disparities for all indicators analyzed in this study.

Within the Demographic Stratification Appendix of the Health Disparities Report, HSAG also calculated indicator rates for the primary language, age, and gender demographic stratification; however, statistical analysis was not performed on these demographic stratifications to identify health disparities. For each indicator, HSAG created horizontal bar graphs with reference lines for the statewide aggregate, high performance level (when available), and minimum performance level/median state performance rate (when available). If an indicator did not have national benchmarks, only the statewide aggregate rate was presented. Additionally, this appendix also presented the racial/ethnic stratifications for those indicators for which disparities could not be identified.

Within the Highest Performing Group Appendix of the Health Disparities Report, HSAG displayed summary graphics for each domain that highlight each racial/ethnic group's performance compared to the highest performing group for each indicator. HSAG also displayed individual indicator graphics organized by domain that displayed rate ratios with a footnote above the graphic to indicate the rate for the highest performing group for that indicator.

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[15] The high performance level is defined as the 2020 NCQA national Medicaid 90th percentile.

Caveats

Hybrid Indicators

For hybrid measures/indicators, NCQA recommends the submission of a sample of 411 members per reporting unit to limit bias and to allow for results from the sample to be generalizable to the entire eligible population. As the rates for individual strata were based on fewer than 411 members, it should be noted that the stratified rates may not be generalizable to the total eligible population. Due to this caveat, the stratified rates produced for hybrid indicators should be interpreted with caution. Additionally, HSAG did not weight the statewide rates for hybrid indicators by the total eligible population, so all MCPs, regardless of size, count equally toward the statewide rates. As such, performance may not be representative of actual statewide performance.

Limiting Members

To match the age parameters for each indicator, HSAG limited the analysis to members whose age was in one of the valid age groups for each indicator, as defined in Table D.1. For the indicators in the Women's Health domain, HSAG only kept members who were identified as female in the demographic file. Additionally, HSAG included the "Unknown/Missing" group for race/ethnicity, primary language, and gender in the formal report as a footnote above the figures.

Health Disparities Results

While HSAG identified health disparities in this analysis, data were not available and analyses were not performed related to the cause of the health disparities. Therefore, conclusions cannot be drawn about the cause of any health disparities identified. Additionally, the use of national benchmarks as the reference for identifying disparities results in disparities being captured based on low performance relative to national standards rather than differences in rates between racial/ethnic groups.

COVID-19 Rate Impacts and Benchmarks

Given the COVID-19 public health emergency during calendar year 2020, measurement year 2020 performance may be impacted by public health efforts (e.g., stay at home orders) aimed at preventing the spread of COVID-19. Therefore, caution should be exercised when comparing measurement year 2020 performance to benchmarks derived from measurement year 2019.

Electronic Health Record Data

Due to unreliable reporting of electronic health record data by MCPs, caution should be exercised when interpreting the *Screening for Depression and Follow-Up Plan* indicator rates in the health disparities analysis.

Child and Adult Core Set Median State Performance Rates

While HEDIS MCAS indicators utilize the NCQA 2020 Quality Compass benchmarks to identify disparities, non-HEDIS MCAS indicators are compared to the FFY 2020 Child and Adult Core Set median state performance rates, where possible. Child and Adult Core Set median state performance rates are established using statewide measure rates. This differs from the NCQA 2020 Quality Compass benchmark methodology, which is established using individual health plan information.