

2021 Health Disparities Report

Quality Population Health Management
California Department of Health Care Services

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Commonly Used Abbreviations and Acronyms

Commonly Used Abbreviations and Acronyms

The following is a list of abbreviations and acronyms used throughout this report. Italicized abbreviations are for performance measures only.

- ◆ **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
- ◆ **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems¹
- ◆ ***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*
- ◆ **CHIP**—Children’s Health Insurance Program
- ◆ ***CHL***—*Chlamydia Screening in Women*
- ◆ ***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
- ◆ **FFY**—Federal Fiscal Year
- ◆ ***FUA***—*Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence*
- ◆ ***FUM***—*Follow-Up After Emergency Department Visit for Mental Illness*

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- ◆ **HbA1c**—hemoglobin A1c
- ◆ **HEDIS®**—Healthcare Effectiveness Data and Information Set²
- ◆ **HIPAA**—Health Insurance Portability and Accountability Act of 1996
- ◆ **HPI**—Healthy Places Index
- ◆ **HPL**—high performance level
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **IMA**—*Immunizations for Adolescents*
- ◆ **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
- ◆ **MS**—Microsoft
- ◆ **MSP**—median state performance
- ◆ **N**—number
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **OB/GYN**—obstetrician/gynecologist
- ◆ **OHD**—*Use of Opioids at High Dosage in Persons Without Cancer*
- ◆ **PCP**—primary care physician
- ◆ **PCR**—*Plan All-Cause Readmissions*
- ◆ **PPC**—*Prenatal and Postpartum Care*
- ◆ **QMR**—Quality Measure Reporting
- ◆ **RUCA**—Rural-Urban Commuting Area
- ◆ **SPD**—Seniors and Persons with Disabilities
- ◆ **SSD**—*Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- ◆ **SUD**—substance use disorder
- ◆ **W30**—*Well-Child Visits in the First 30 Months of Life*
- ◆ **WCC**—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- ◆ **WCV**—*Child and Adolescent Well-Care Visits*

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1. Executive Summary

Overview

Within its Comprehensive Quality Strategy, the California Department of Health Care Services (DHCS) identifies a Health Equity Framework focused on improved data collection and stratification, increased workforce diversity and cultural responsiveness, and efforts to eliminate health disparities in order to achieve more equitable health outcomes for Medi-Cal members.³ To address the need to understand and identify health disparities among Medi-Cal managed care health plan (MCP) members, 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 MCPs for measurement year 2021 with data derived from calendar year 2021. 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. As of June 2022, the approximate racial/ethnic distribution of the Medi-Cal managed care population consisted of the following racial/ethnic groups: Hispanic (48.3 percent), White (18.1 percent), Other or Unknown (16.2 percent), Asian (8.6 percent), Black or African American (7.4 percent), and Native Hawaiian or Other Pacific Islander (1.4 percent). In addition, the Medi-Cal managed care program's age distribution as of June 2022 was as follows: 18-year-olds and younger (37.8 percent), 19-to-64-year-olds (53.4 percent), and 65-year-olds and older (8.7 percent).⁴ Please note, these percentages may not equal 100 percent due to rounding.

³ State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Jan 18, 2023.

⁴ Managed Care Performance Monitoring Dashboard Report, October 2022. Available at: <https://data.chhs.ca.gov/dataset/managed-care-performance-monitoring-dashboard-report/resource/bf3c1774-6b11-4def-bf7f-76fc6a3e1a63>. Accessed on: Jan 18, 2023.

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

For the 2021–22 contract year, HSAG evaluated measure data collected for measurement year 2021 at the statewide level. Several measures include more than one indicator; therefore, this report will refer to indicators rather than measures (e.g., the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure includes three indicators: *Body Mass Index [BMI] Percentile Documentation—Total*, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total*). For each indicator, MCPs used numerator and denominator criteria and minimum enrollment requirements defined either by the Healthcare Effectiveness Data and Information Set (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 the Children's Health Insurance Program (CHIP) (Adult and Child 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
- ◆ Seniors and Persons with Disabilities (SPD) and non-SPD populations
- ◆ Healthy Places Index (HPI) quartile (for select indicators)
- ◆ County
- ◆ Region

⁵ State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Jan 18, 2023.

Although HSAG stratified all indicators by the demographic stratifications listed above, HSAG only identified racial/ethnic health disparities. As part of the statewide health disparity analysis for the racial/ethnic demographic stratification, HSAG compared each racial/ethnic group rate to the applicable benchmarks:

- ◆ The minimum performance levels (i.e., the 2020 and 2021 NCQA Quality Compass[®],⁶ national Medicaid 50th percentiles) for the HEDIS MCAS indicators, when available.
- ◆ The median state performance rates (i.e., the 50th percentiles) from the CMS Federal Fiscal Year (FFY) 2020 Child and Adult Health Care Quality Measures data set⁷ for non-HEDIS MCAS indicators, when available.⁸

Table 1.1 displays the MCAS indicators evaluated for racial/ethnic disparities in this report.

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

| Indicator |
|---|
| Children’s Health |
| <i>Child and Adolescent Well-Care Visits—Total</i> |
| <i>Childhood Immunization Status—Combination 10</i> |
| <i>Developmental Screening in the First Three Years of Life—Total</i> |
| <i>Immunizations for Adolescents—Combination 2</i> |
| <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total</i> |
| <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total</i> |
| <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</i> |
| <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i> |
| <i>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</i> |

⁶ Quality Compass[®] is a registered trademark of the NCQA.

⁷ CMS. 2020 Child and Adult Health Care Quality Measures. Available at: [2020 Child and Adult Health Quality Measures](#). Accessed on: Jan 18, 2023.

⁸ Given that CMS transitioned to the Quality Measure Reporting (QMR) system, state reporting for measurement year 2020 was delayed; therefore, FFY 2021 benchmarks were unavailable. As a result, HSAG compared measurement year 2021 rates for applicable non-HEDIS MCAS indicators to the FFY 2020 benchmarks.

| Indicator |
|--|
| Women's Health |
| <i>Breast Cancer Screening—Total</i> |
| <i>Cervical Cancer Screening</i> |
| <i>Chlamydia Screening in Women—Total</i> |
| <i>Contraceptive Care—All Women—Long-Acting Reversible Contraception (LARC)—Ages 15–20 Years</i> |
| <i>Contraceptive Care—All Women—LARC—Ages 21–44 Years</i> |
| <i>Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years</i> |
| <i>Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years</i> |
| <i>Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years</i> |
| <i>Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years</i> |
| <i>Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years</i> |
| <i>Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years</i> |
| <i>Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years</i> |
| <i>Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years</i> |
| <i>Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years</i> |
| <i>Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years</i> |
| <i>Prenatal and Postpartum Care—Postpartum Care</i> |
| <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> |
| Behavioral Health |
| <i>Antidepressant Medication Management—Effective Acute Phase Treatment—Total</i> |
| <i>Antidepressant Medication Management—Effective Continuation Phase Treatment—Total</i> |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> |
| <i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total</i> |

| Indicator |
|---|
| <i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total</i> |
| <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total</i> |
| <i>Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total</i> |
| <i>Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication—Initiation Phase</i> |
| <i>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</i> |
| <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total</i> |
| <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total</i> |
| <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total</i> |
| Acute and Chronic Disease Management |
| <i>Asthma Medication Ratio—Total</i> |
| <i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total</i> |
| <i>Concurrent Use of Opioids and Benzodiazepines—Total</i> |
| <i>Controlling High Blood Pressure—Total</i> |
| <i>Use of Opioids at High Dosage in Persons Without Cancer—Total</i> |

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

- ◆ Measurement year 2020
 - *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total⁺*
 - *Child and Adolescent Well-Care Visits—Total[^]*
 - *Controlling High Blood Pressure—Total^{*}*
 - *Plan All-Cause Readmissions—Observed Readmission Rate—Total^{*,^}*
 - *Screening for Depression and Follow-Up Plan[^]*
 - *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^{*}*
 - *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[^]*

- ◆ Measurement year 2021
 - *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total[†]*
 - *Plan All-Cause Readmissions—Observed Readmission Rate—Total[^]*
 - *Screening for Depression and Follow-Up Plan[^]*

HSAG compared measurement year 2021 results to measurement year 2020 results, where applicable. For indicators where HSAG was unable to identify health disparities for only measurement year 2020, trending results were presented and disparities were identified for measurement year 2021. For indicators where HSAG was unable to identify health disparities for both measurement years 2020 and 2021, HSAG stratified these indicators by race/ethnicity, primary language, age, gender, SPD/non-SPD populations, and HPI quartile, where applicable, and presents the results in the appendices of this report.

Overall 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 better than or equal to the minimum performance level/median state performance rate, then no health disparity was identified. HSAG identified the following types of disparities. Please refer to the Reader's Guide for additional details.

- ◆ **Persistent Disparity:** Racial/ethnic disparities that persisted between measurement years
 - **Persistent Disparity—Improved:** Persistent racial/ethnic disparities with improved performance.
 - **Persistent Disparity—Worsened:** Persistent racial/ethnic disparities with worsened performance.
- ◆ **New Disparity:** Racial/ethnic disparities that did not exist in measurement year 2020 but existed in measurement year 2021.
- ◆ **Eliminated Disparity:** Racial/ethnic disparities that existed in measurement year 2020 but did not exist in measurement year 2021.
- ◆ **Widespread Disparity:** Racial/ethnic disparities that exist across a large number of racial/ethnic groups and/or indicators.
- ◆ **Large Disparity:** Racial/ethnic disparities that were below the respective benchmark by at least a 10 percent relative difference.
- ◆ **Emerging Disparity:** Racial/ethnic group indicator rates that were not a disparity in either measurement year but would be at risk of becoming a disparity in measurement year 2022 if performance continued to decline at a similar rate.

The following indicators did not have disparities identified in measurement year 2020 either because there was a break in trending, the benchmark was unavailable, or the measure was not reported in measurement year 2020:

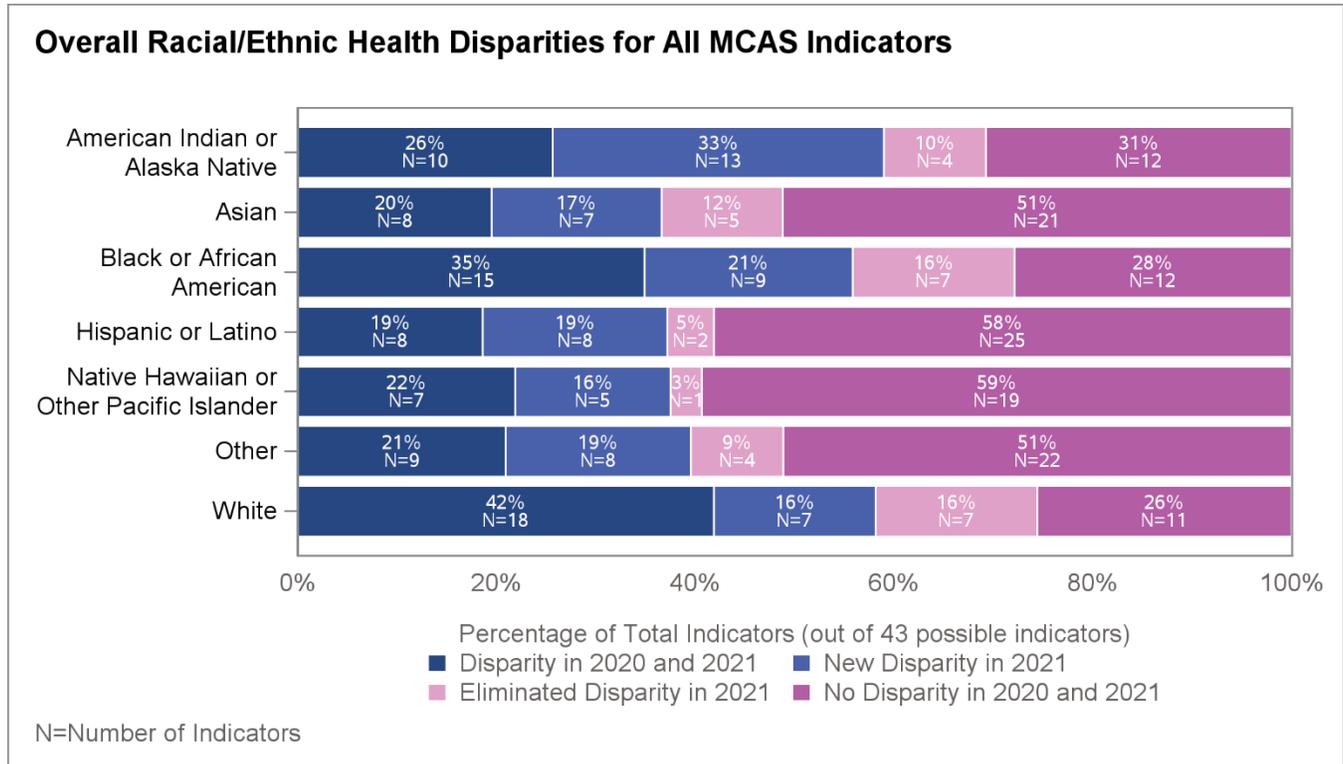
- ◆ *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total*
- ◆ *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total*
- ◆ *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total*
- ◆ *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total*
- ◆ *Child and Adolescent Well-Care Visits—Total*
- ◆ *Controlling High Blood Pressure—Total*
- ◆ *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits*
- ◆ *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.*

Therefore, disparities identified for these indicators are considered new disparities for measurement year 2021.

Figure 1.1 presents an overall horizontal stacked bar graph displaying the percentage and count of indicators (out of 43 possible indicators) for which disparities were identified or were not identified for each racial/ethnic group in addition to newly identified and eliminated disparities.

Figure 1.1—Overall Racial/Ethnic Disparities for All MCAS Indicators

Note: Due to small numerators or denominators, the American Indian or Alaska Native (N=39), Asian (N=41), and Native Hawaiian or Other Pacific Islander (N=32) racial/ethnic groups were not evaluated for health disparities for all 43 possible indicators.



American Indian or Alaska Native

- ◆ For the American Indian or Alaska Native racial/ethnic group, from measurement year 2020 to measurement year 2021, persistent disparities were identified for 10 of 39 (25.6 percent) indicator rates. Of these 10 persistent disparities, six worsened and four improved. New disparities were identified for 13 of 39 (33.3 percent) indicator rates, disparities were eliminated for four of 39 (10.3 percent) indicator rates, and no disparities were identified for 12 of 39 (30.8 percent) indicator rates.
 - In measurement year 2020, 13 of 15 (86.7 percent) disparities identified for the American Indian or Alaska Native racial/ethnic group were large. In measurement year 2021, the same was true for all 23 (100.0 percent) disparities identified.
 - One emerging disparity was identified for the American Indian or Alaska Native racial/ethnic group.

Asian

- ◆ For the Asian racial/ethnic group, from measurement year 2020 to measurement year 2021, persistent disparities were identified for eight of 41 (19.5 percent) indicator rates. Of these eight persistent disparities, three worsened and five improved. New disparities were identified for seven of 41 (17.1 percent) indicator rates, disparities were eliminated for five

of 41 (12.2 percent) indicator rates, and no disparities were identified for 21 of 41 (51.2 percent) indicator rates.

- In measurement year 2020, 11 of 13 (84.6 percent) disparities identified for the Asian racial/ethnic group were large. In measurement year 2021, the same was true for 14 of 15 (93.3 percent) disparities identified.
- One emerging disparity was identified for the Asian racial/ethnic group.

Black or African American

- ◆ For the Black or African American racial/ethnic group, from measurement year 2020 to measurement year 2021, persistent disparities were identified for 15 of 43 (34.9 percent) indicator rates. Of these 15 persistent disparities, 12 worsened and three improved. New disparities were identified for nine of 43 (20.9 percent) indicator rates, disparities were eliminated for seven of 43 (16.3 percent) indicator rates, and no disparities were identified for 12 of 43 (27.9 percent) indicator rates.
 - In measurement year 2020, 15 of 22 (68.2 percent) disparities identified for the Black or African American racial/ethnic group were large. In measurement year 2021, the same was true for 21 of 24 (87.5 percent) disparities identified.
 - No emerging disparities were identified for the Black or African American racial/ethnic group.

Hispanic or Latino

- ◆ For the Hispanic or Latino racial/ethnic group, from measurement year 2020 to measurement year 2021, persistent disparities were identified for eight of 43 (18.6 percent) indicator rates. Of these eight persistent disparities, six worsened and two improved. New disparities were identified for eight of 43 (18.6 percent) indicator rates, disparities were eliminated for two of 43 (4.7 percent) indicator rates, and no disparities were identified for 25 of 43 (58.1 percent) indicator rates.
 - In measurement year 2020, five of 10 (50.0 percent) disparities identified for the Hispanic or Latino racial/ethnic group were large. In measurement year 2021, the same was true for 12 of 16 (75.0 percent) disparities identified.
 - No emerging disparities were identified for the Hispanic or Latino racial/ethnic group.

Native Hawaiian or Other Pacific Islander

- ◆ For the Native Hawaiian or Other Pacific Islander racial/ethnic group, from measurement year 2020 to measurement year 2021, persistent disparities were identified for seven of 32 (21.9 percent) indicator rates. Of these seven persistent disparities, six worsened and one improved. New disparities were identified for five of 32 (15.6 percent) indicator rates, disparities were eliminated for one of 32 (3.1 percent) indicator rates, and no disparities were identified for 19 of 32 (59.4 percent) indicator rates.
 - In measurement year 2020, all eight (100.0 percent) disparities identified for the Native Hawaiian or Other Pacific Islander racial/ethnic group were large. In measurement year 2021, the same was true for all 12 (100.0 percent) disparities identified.

- Two emerging disparities were identified for the Native Hawaiian or Other Pacific Islander racial/ethnic group.

Other

- ◆ For the Other racial/ethnic group, from measurement year 2020 to measurement year 2021, persistent disparities were identified for nine of 43 (20.9 percent) indicator rates. Of these nine persistent disparities, six worsened and three improved. New disparities were identified for eight of 43 (18.6 percent) indicator rates, disparities were eliminated for four of 43 (9.3 percent) indicator rates, and no disparities were identified for 22 of 43 (51.2 percent) indicator rates.
 - In measurement year 2020, seven of 13 (53.8 percent) disparities identified for the Other racial/ethnic group were large. In measurement year 2021, the same was true for 13 of 17 (76.5 percent) disparities identified.
 - One emerging disparity was identified for the Other racial/ethnic group.

White

- ◆ For the White racial/ethnic group, from measurement year 2020 to measurement year 2021, persistent disparities were identified for 18 of 43 (41.9 percent) indicator rates. Of these 18 persistent disparities, 14 worsened and four improved. New disparities were identified for seven of 43 (16.3 percent) indicator rates, disparities were eliminated for seven of 43 (16.3 percent) indicator rates, and no disparities were identified for 11 of 43 (25.6 percent) indicator rates.
 - In measurement year 2020, 17 of 25 (68.0 percent) disparities identified for the White racial/ethnic group were large. In measurement year 2021, the same was true for 23 of 25 (92.0 percent) disparities identified.
 - No emerging disparities were identified for the White racial/ethnic group.

COVID-19 Vaccination Summary

Figure 1.2 and Figure 1.3 display the coronavirus disease 2019 (COVID-19) primary series and boosted vaccination rates among the MCMC population stratified by SPD and non-SPD populations, as well as race/ethnicity. Please see Appendix C for additional demographic stratifications for COVID-19 vaccinations.

Figure 1.2—COVID-19 Vaccination Status by Race/Ethnicity—Primary Series

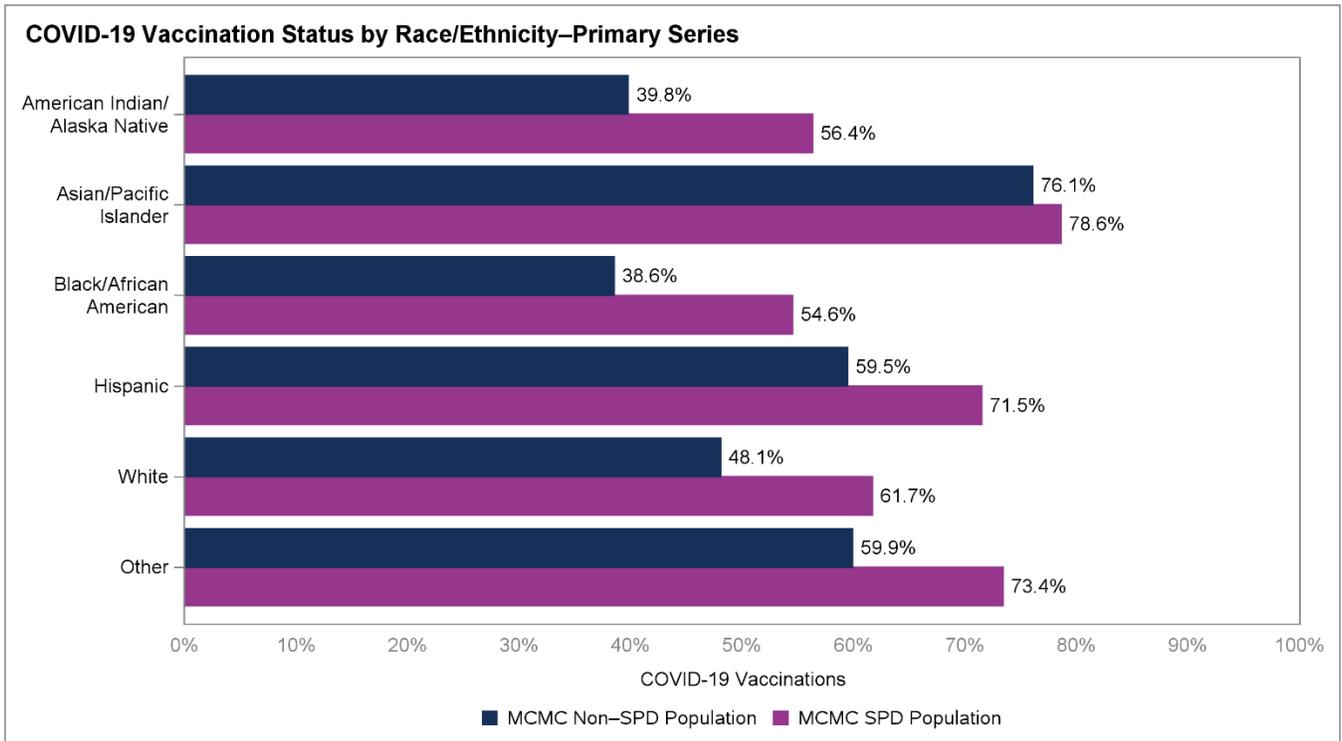
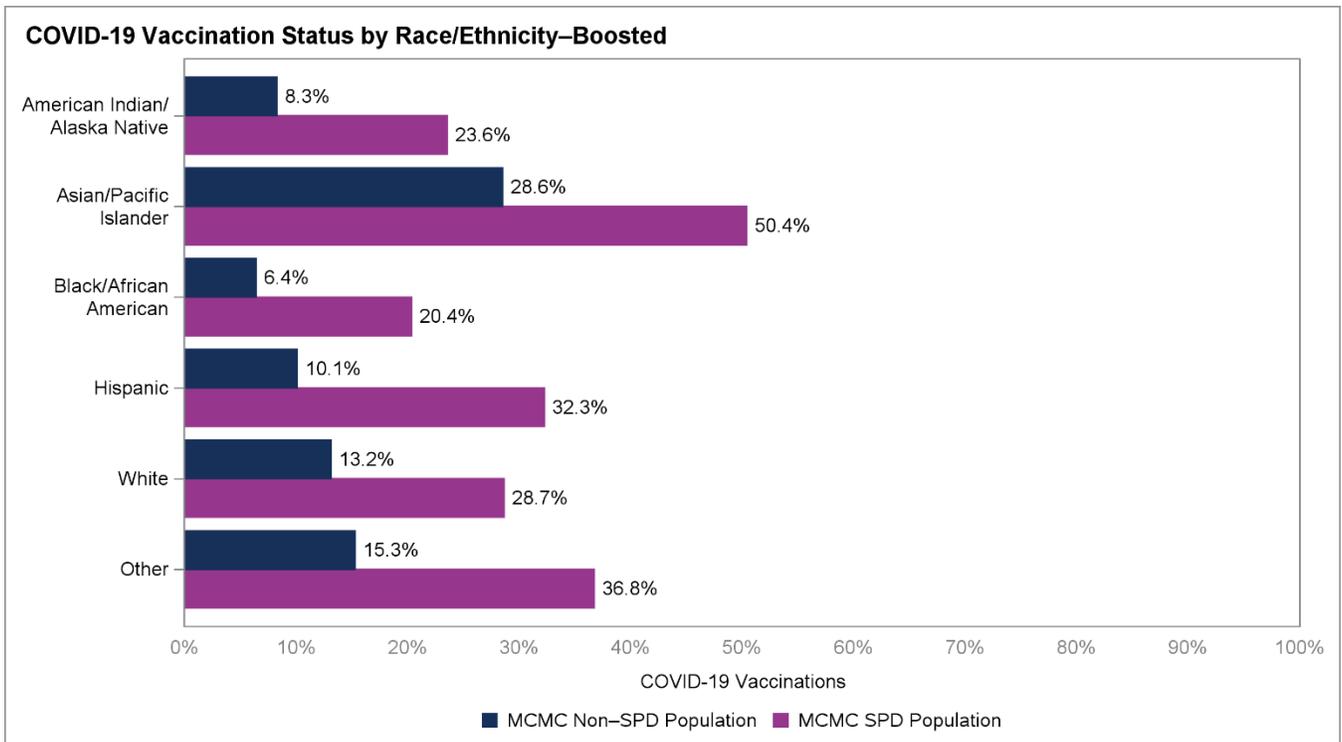


Figure 1.3—COVID-19 Vaccination Status by Race/Ethnicity—Boosted



Overall Conclusions

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

- ◆ Health disparities for the White and Black or African American groups continued to persist in measurement year 2021 and represent areas for overall improvement. The White and Black or African American racial/ethnic groups had disparities identified for a majority of indicators. Rates for the White and Black or African American racial/ethnic groups were lower than the reference rates for 25 of the 43 (58.1 percent) indicators and 24 of the 43 (55.8 percent) indicator rates, respectively.
 - Both the White and Black or African American racial/ethnic groups had disparities identified for all indicators related to well-child visits and immunizations in the Children’s Health domain and both cancer screening indicators in the Women’s Health domain.
 - The Black or African American racial/ethnic group was also the only group to have disparities identified for all indicators related to follow-up care (i.e., both *Follow-Up Care for Children Prescribed ADHD Medication* indicators, both *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence* indicators, both *Follow-Up After Emergency Department Visit for Mental Illness* indicators, and *Prenatal and Postpartum Care—Postpartum Care*).
- ◆ The American Indian or Alaska Native racial/ethnic group had disparities identified for a majority of indicators in measurement year 2021 and represent an area for overall improvement. Rates for the American Indian or Alaska Native racial/ethnic group were lower than the respective reference rates for 23 of the 38 (60.5 percent) indicators.
 - The American Indian or Alaska Native racial/ethnic group had disparities identified for the majority of indicators in the Children’s Health and Women’s Health domains.
 - Of note, the American Indian or Alaska Native group had smaller denominators than most of the other racial/ethnic groups for all indicators, resulting in wider confidence intervals for this group. As a result, five indicator rates for the American Indian or Alaska Native group were not classified as disparities despite the rates being below the reference rates.
- ◆ 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 16 of the 43 (37.2 percent) indicator rates.
- ◆ The Native Hawaiian or Other Pacific Islander group had rates for 12 of 22 (54.5 percent) indicators identified with disparities.
 - Additionally, the Native Hawaiian or Other Pacific Islander group had smaller denominators than most of the other racial/ethnic groups for all indicators, resulting in wider confidence intervals for this group. As a result, eight indicator rates for the Native Hawaiian or Other Pacific Islander group were not classified as disparities despite the rates being below the reference rates.
- ◆ The overall counts of disparities for each racial/ethnic group were heavily influenced by each racial/ethnic group’s performance for the *Contraceptive Care* indicators given that these indicators account for 12 of the 43 indicators (27.9 percent) included in the report. Of

note, 51 of the 132 disparities identified (38.6 percent) were for the *Contraceptive Care* indicators. Given that the choice to use contraceptive medications is heavily impacted by member preference, low performance related to 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 five of the eight (62.5 percent) indicators in the domain.
 - For the *Child and Adolescent Well-Care Visits—Total* indicator, four of seven (57.1 percent) racial/ethnic groups had disparities identified.
 - For 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* and *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* indicators, all seven and six of the seven (85.7 percent) racial/ethnic groups, respectively, had disparities identified.
 - Of note, the racial/ethnic group rates for three indicators (*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*) improved from measurement year 2020, and the majority of disparities for these indicators were eliminated for measurement year 2021.
- ◆ 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.
 - For the *Breast Cancer Screening—Total* and *Cervical Cancer Screening* indicators, five of the seven (71.4 percent) and four of the seven (57.1 percent) racial/ethnic groups, respectively, had disparities identified.
 - Of note, the Black or African American and White racial/ethnic disparities identified for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator in measurement year 2020 were eliminated in measurement year 2021.
- ◆ The Behavioral Health domain represents an area of overall strength, with no disparities identified for at least six racial/ethnic groups for six of 12 (50.0 percent) indicators assessed for disparities in this domain.
 - The rates for all racial/ethnic groups improved from measurement year 2020 to 2021 for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator. As a result, all racial/ethnic disparities identified in measurement year 2020 were eliminated in measurement year 2021.
 - Of note, opportunities for improvement exist for both *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence* indicators and both *Follow-Up After Emergency Department Visit for Mental Illness* indicators. Rates for six of seven (85.7 percent) racial/ethnic groups and all seven racial/ethnic groups had disparities identified for both *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence* indicators and both *Follow-Up After Emergency Department Visit for Mental Illness* indicators, respectively.

- ◆ The Acute and Chronic Condition Disease Management domain represents an area of overall strength, with no disparities identified for any racial/ethnic group for four of five (80.0 percent) indicators in this domain.
 - All racial/ethnic disparities identified in measurement year 2020 for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)—Total* indicator were eliminated in measurement year 2021.
- ◆ Health disparities in California are regional. Overall, racial/ethnic groups demonstrated higher performance in the San Francisco Bay/Sacramento region and lower performance in the San Joaquin Valley and North/Mountain regions.
 - The Asian racial/ethnic group had a majority of their reportable indicator rates for counties in the San Francisco Bay/Sacramento region.
 - The American Indian or Alaska Native and White racial/ethnic groups had a majority of their reportable indicators for counties in the North/Mountain region.
 - The Black or African American racial/ethnic group had a majority of their reportable indicators for counties in the San Francisco Bay/Sacramento and San Joaquin Valley regions. Of note, a large proportion of indicators for the Black or African American racial/ethnic group were higher performing in the San Francisco Bay/Sacramento region but lower performing in the San Joaquin Valley region.

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 |

Table 2.2 displays the six regions and corresponding counties used in the regional analysis and discussed within the narrative of this report.

Table 2.2—Counties and Applicable Regions

| Region | Counties |
|------------------------------|--|
| Central Coast | Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura |
| North/Mountain | Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Placer, El Dorado, Sutter, Yolo, Yuba |
| Southeastern | Imperial, Riverside, San Bernardino |
| San Francisco Bay/Sacramento | Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Sacramento |

| Region | Counties |
|--------------------|--|
| San Joaquin Valley | Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare |
| Southern Coast | Los Angeles, Orange, San Diego |

Summary of Performance Indicators

Forty-three indicators reported by the 25 Medi-Cal MCPs were evaluated for racial/ethnic health disparities, and 46 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 2.3 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 2.3 for each indicator.

Due to NCQA’s recommendation for a break in trending (indicated with *), benchmark unavailability (indicated with ^), or limitations with the data (indicated with +), HSAG was unable to perform analyses to identify health disparities for the following indicators:

- ◆ Measurement year 2020
 - *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total⁺*
 - *Child and Adolescent Well-Care Visits—Total[^]*
 - *Controlling High Blood Pressure—Total^{*}*
 - *Plan All-Cause Readmissions—Observed Readmission Rate—Total^{*,^}*
 - *Screening for Depression and Follow-Up Plan[^]*
 - *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits^{*}*
 - *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[^]*
- ◆ Measurement year 2021
 - *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total⁺*
 - *Plan All-Cause Readmissions—Observed Readmission Rate—Total[^]*
 - *Screening for Depression and Follow-Up Plan[^]*

For indicators where HSAG was unable to identify health disparities for only measurement year 2020, trending results are presented and disparities are identified for measurement year

2021. For indicators where HSAG was unable to identify health disparities for both measurement years 2020 and 2021, HSAG stratified these indicators by race/ethnicity, primary language, age, gender, SPD/non-SPD populations, and HPI quartile, where applicable, and presents the results in the appendices of this report.

Table 2.3—Indicators, Reporting Methodology, Age Groups, and Benchmarking Sources

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 HSAG was unable to compare rates to national benchmarks due to NCQA's recommendation for a break in trending, benchmark unavailability, or limitations with the data.

* Indicates a lower rate is better.

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

+ Given that CMS transitioned to the QMR system, state reporting for measurement year 2020 was delayed; therefore, FFY 2021 benchmarks are unavailable. As a result, HSAG compared measurement years 2020 and 2021 rates to the FFY 2020 benchmarks.

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|---|-----------------------|--|------------------------------------|
| Children's Health | | | |
| <i>Child and Adolescent Well-Care Visits—Total</i> | A | 3–11 Years; 12–17 Years; 18–21 Years | NCQA 2021 Quality Compass |
| <i>Childhood Immunization Status—Combination 10</i> | H | 2 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Developmental Screening in the First Three Years of Life—Total⁺</i> | A | 1 Year; 2 Years; 3 Years | FFY 2020 Child Core Set |
| <i>Immunizations for Adolescents—Combination 2</i> | H | 13 Years | NCQA 2020 and 2021 Quality Compass |
| <i>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</i> | H | 3–11 Years; 12–17 Years | NCQA 2020 and 2021 Quality Compass |

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|---|-----------------------|---|------------------------------------|
| <i>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</i> | A | 15 Months; 30 Months | NCQA 2021 Quality Compass |
| Women's Health | | | |
| <i>Breast Cancer Screening—Total</i> | A | 50–64 Years; 65–74 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Cervical Cancer Screening</i> | H | 21–64 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Chlamydia Screening in Women—Total</i> | A | 16–20 Years; 21–24 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Contraceptive Care—All Women—LARC and Most or Moderately Effective Contraception⁺</i> | A | 15–20 Years; 21–44 Years | FFY 2020 Adult and Child Core Set |
| <i>Contraceptive Care—Postpartum Women—LARC and Most or Moderately Effective Contraception—3 Days and 60 Days⁺</i> | A | 15–20 Years; 21–44 Years | FFY 2020 Adult and Child Core Set |
| <i>Prenatal and Postpartum Care—Postpartum Care and Timeliness of Prenatal Care</i> | H | <18 Years; 18–20 Years; 21–34 Years; 35–44 Years; 45+ Years | NCQA 2020 and 2021 Quality Compass |
| Behavioral Health | | | |
| <i>Antidepressant Medication Management—Effective Acute Phase Treatment—Total and Effective Continuation Phase Treatment—Total</i> | A | 18+ Years | NCQA 2020 and 2021 Quality Compass |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | A | 18–64 Years | NCQA 2020 and 2021 Quality Compass |

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|--|-----------------------|--|------------------------------------|
| <i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i> | A | 13–17 Years; 18–64 Years; 65+ Years | NCQA 2021 Quality Compass |
| <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i> | A | 6–17 Years; 18–64 Years; 65+ Years | NCQA 2021 Quality Compass |
| <i>Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication—Initiation Phase and Continuation and Maintenance Phase</i> | A | 6–12 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total</i> | A | 1–11 Years; 12–17 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Screening for Depression and Follow-Up Plan</i> | A | 12–17 Years; 18–64 Years 65+ Years | N/A |
| Acute and Chronic Disease Management | | | |
| <i>Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total[^]</i> | A | <1 Years; 1–9 Years; 10–19 Years; 20–44 Years; 45–64 Years; 65–74 Years; 75–84 Years; 85+ Years | N/A |
| <i>Asthma Medication Ratio—Total</i> | A | 5–11 Years; 12–18 Years; 19–50 Years; 51–64 | NCQA 2020 and 2021 Quality Compass |
| <i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total *</i> | H | 18–20 Years; 21–44 Years; | NCQA 2020 and 2021 Quality Compass |

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|--|-----------------------|---|---------------------------|
| | | 45–64 Years; 65+ Years | |
| <i>Concurrent Use of Opioids and Benzodiazepines—Total^{*,+}</i> | A | 18–64 Years; 65+ Years | FFY 2020 Adult Core Set |
| <i>Controlling High Blood Pressure—Total</i> | H | 18–20 Years; 21–44 Years; 45–64 Years; 65+ Years | NCQA 2021 Quality Compass |
| <i>Plan All-Cause Readmissions—Observed Readmission Rate—Total[*]</i> | A | 18–44 Years; 45–54 Years; 55–64 Years | N/A |
| <i>Use of Opioids at High Dosage in Persons Without Cancer—Total^{*,+}</i> | A | 18–64 Years; 65+ Years | FFY 2020 Adult Core Set |

Methodology Overview

For the 2021–22 contract year, HSAG evaluated indicator data collected for measurement year 2021 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, SPD/non-SPD, HPI quartile, and county), where applicable.

Although HSAG stratified all indicators by race/ethnicity, primary language, age, gender, SPD/non-SPD, HPI quartile, and county 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 2021 data for DHCS. For the detailed methodology, please see Appendix D. Methodology.

Data Sources

HSAG received a California-required patient-level detail file from each MCP for each HEDIS reporting unit. The measurement year 2021 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 (MS) Excel reporting files. Please note, it is possible that non-certified eligible members were included by some or all MCPs in the measurement year 2021 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 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
- ◆ SPD/non-SPD populations

To present trending results, HSAG used the combined patient-level detail file (i.e., patient-level detail files combined with supplemental demographic data provided by DHCS) created for the 2020 Health Disparities Study. For more detailed information regarding data sources and combining data for measurement year 2020, please refer to the methodology presented in the *2020 Health Disparities Report*.⁹ Please note that measurement year 2020 results only contained SPD/non-SPD population results for the *Ambulatory Care* and *Plan All-Cause Readmissions* indicators.

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.

⁹ State of California Department of Health Care Services. 2020 Health Disparities Report. December 2021. Available at: <https://www.dhcs.ca.gov/Documents/MCQMD/CA2020-21-Health-Disparities-Report.pdf>. Accessed on: Jan 18, 2023.

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 and 2021 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 the 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:

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

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

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.

Determining Key Findings Analysis

Given DHCS' interest in limiting the results presented in the body of the health disparities reports to highlight more actionable findings, HSAG only presented key findings in the body of the report. HSAG considered a result a key finding if the result met at least one of the following criteria:

- ◆ Persistent Disparity: Racial/ethnic disparities that persisted between measurement years (i.e., a racial/ethnic disparity that existed in both measurement years 2020 and 2021).
 - Persistent Disparity—Improved: Persistent racial/ethnic disparities for which the distance between the rate for the racial/ethnic group and the minimum performance level/median state performance rate decreased from measurement year 2020 to measurement year 2021.
 - Persistent Disparity—Worsened: Persistent racial/ethnic disparities for which the distance between the rate for the racial/ethnic group and the minimum performance level/median state performance rate increased from measurement year 2020 to measurement year 2021.

- ◆ **New Disparity:** Racial/ethnic disparities that did not exist in measurement year 2020 but existed in measurement year 2021.
- ◆ **Eliminated Disparity:** Racial/ethnic disparities that existed in measurement year 2020 but did not exist in measurement year 2021.
- ◆ **Widespread Disparity:** Racial/ethnic disparities that were widespread (i.e., disparities that existed across at least half of the racial/ethnic groups or a certain racial/ethnic group had disparities across multiple indicators/domains).
- ◆ **Large Disparity:** Racial/ethnic disparities that were large (e.g., racial/ethnic rates that were below the minimum performance level/median state performance rate by at least a 10 percent relative difference).
- ◆ **Emerging Disparity:** Racial/ethnic group indicator rates that were not a disparity in measurement year 2020 or 2021 but would be at risk of becoming a disparity in measurement year 2022 if the indicator rate continued to decline at a similar rate relative to the minimum performance level/median state performance rate.

Prior to report production, HSAG submitted a MS Excel spreadsheet to DHCS containing key finding results along with HSAG's recommendation for which key findings to include in the body of the 2021–22 health disparities report. DHCS provided HSAG with direction about which key findings to include in the report.

Evaluating Results

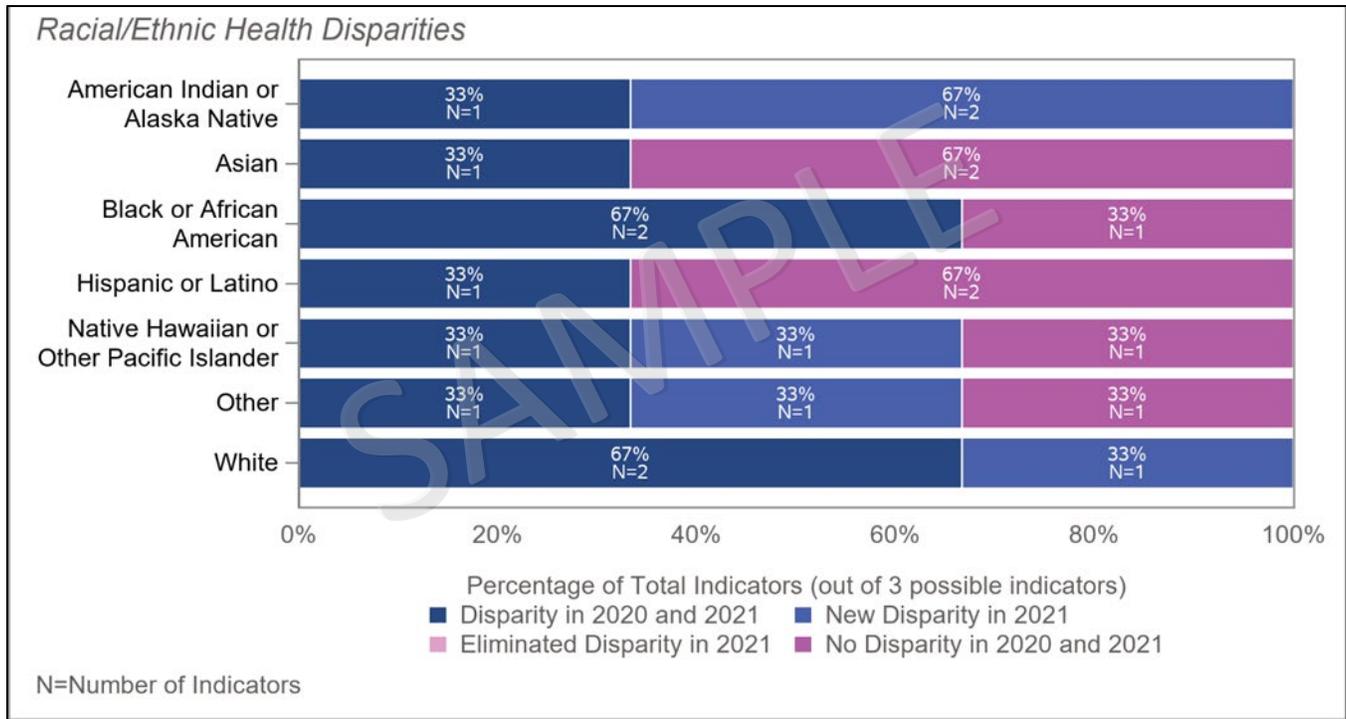
Within the Findings section of this report, indicator results for the current and previous year findings (i.e., measurement years 2020 and 2021) are grouped and discussed by domain as shown in Table 1.1, starting with an overall domain-level figure. Following each domain-level figure, the narrative is organized by type of disparity (i.e., persistent, new, eliminated, widespread, large, and emerging). The results of the aggregate health disparity analyses for 43 indicators are presented within horizontal bar graphs in the Findings section. HSAG only presented an indicator-level result in the Findings section if it was able to be tested for disparities and considered by DHCS and HSAG to be a key finding.

Figure Interpretation

The Findings section presents an overall horizontal stacked bar graph displaying the percentage and count of indicators for which disparities were identified in both measurement years 2020 and 2021 (persistent disparity), identified only in measurement year 2020 (eliminated disparity), identified only in measurement year 2021 (new disparity), or not identified in either measurement year 2020 or 2021. 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 and number of indicators for each racial/ethnic group for which a disparity was persistent, eliminated, new, or not identified in either measurement year 2020 or 2021 for each racial/ethnic group across all indicators tested for disparities.

For each indicator presented within the Findings section of this report, horizontal bar graphs display the measurement year 2021 rates, and 2020 rates where applicable, for each racial/ethnic group in the following order: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, and Other. The indicator three-letter abbreviation is used within the figure (e.g., BCS); however, the abbreviation is defined within the figure title. “N” represents the total statewide denominator for an indicator for a particular group. Notes are included above each figure displaying the measurement year 2020 and 2021 statewide denominator and rate for the “Unknown/Missing” racial/ethnic group and the minimum performance level/median state performance rate, high performance level, and statewide aggregate for measurement year 2020, if applicable.

The indicator-level 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 Adult and Child 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.

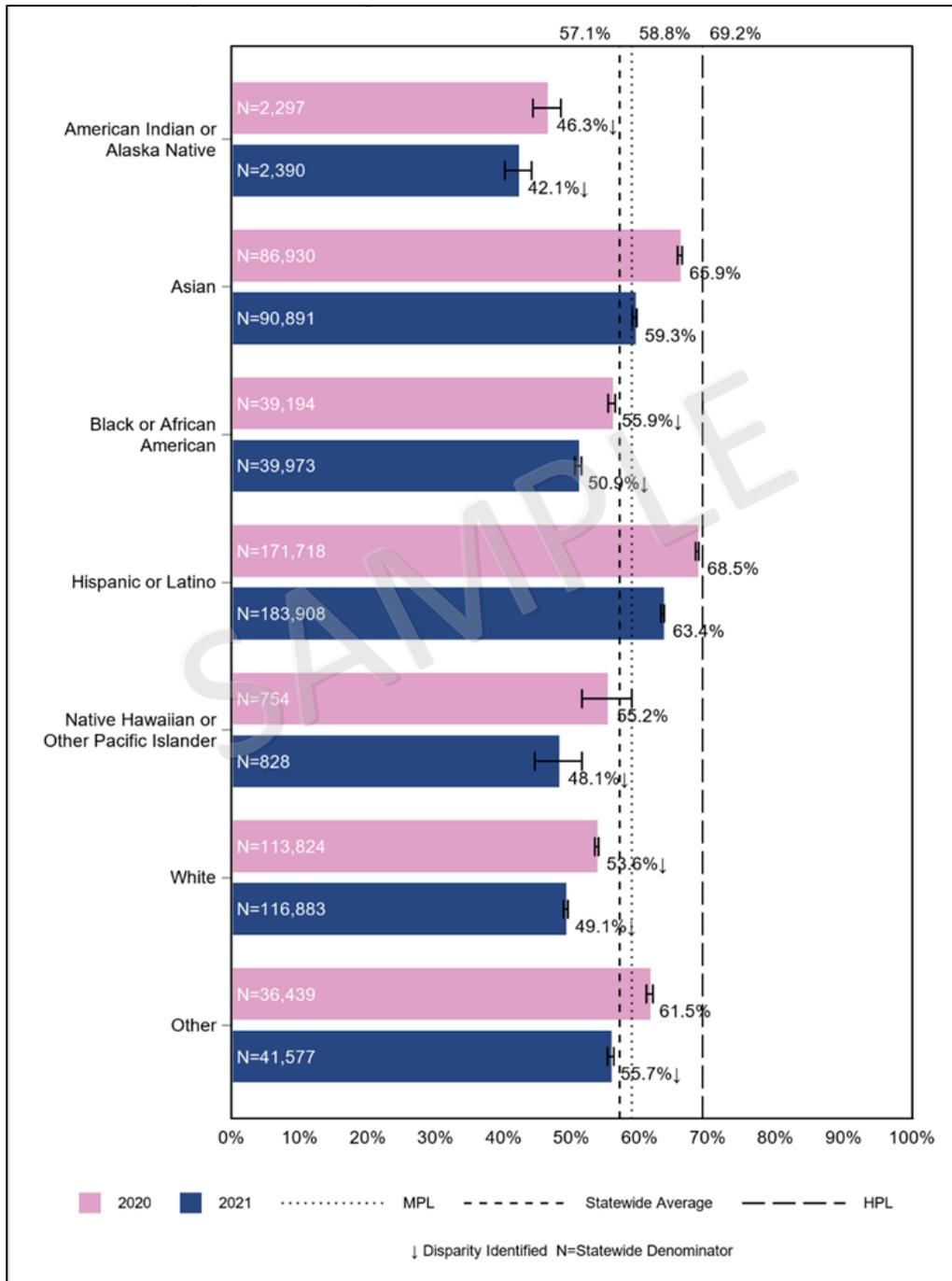
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Within each applicable figure, “MPL” represents the minimum performance level, “HPL” represents the high performance level, and “MSP” represents the median state performance rate. An example of the horizontal bar graph is shown in Figure 2.2. All data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

Figure 2.2—Sample Indicator-Level Horizontal Bar Graph
FIGURE CONTAINS MOCK DATA



Additionally, within the Findings section of the report, HSAG included current year and trending maps for specific regions—racial/ethnic groups with key findings identified. The current year maps are shaded based on measurement year 2021 performance, and the trending maps are color coded to display county-level rate improvements from measurement year 2020 to 2021. To do this, HSAG calculated differences from measurement year 2020 to 2021 for each county based on comparisons to the minimum performance level/median state performance rate. Table 2.4 and Table 2.5 display the quintile thresholds and corresponding colors for the current year and trending maps, respectively, and Figure 2.3 and Figure 2.4 display samples of the corresponding maps. Both figures contain mock data.

Table 2.4—Current Year Quintile Thresholds and Corresponding Colors

| Quintile | Performance Thresholds and Corresponding Colors |
|------------------------------------|---|
| NA | Small denominator or suppressed rate |
| Quintile 1 (least favorable rates) | Below the 20th percentile |
| Quintile 2 | At or above the 20th percentile but below the 40th percentile |
| Quintile 3 | At or above the 40th percentile but below the 60th percentile |
| Quintile 4 | At or above the 60th percentile but below the 80th percentile |
| Quintile 5 (most favorable rates) | At or above the 80th percentile |

Figure 2.3—Sample Regional-Level Current Map

FIGURE CONTAINS MOCK DATA

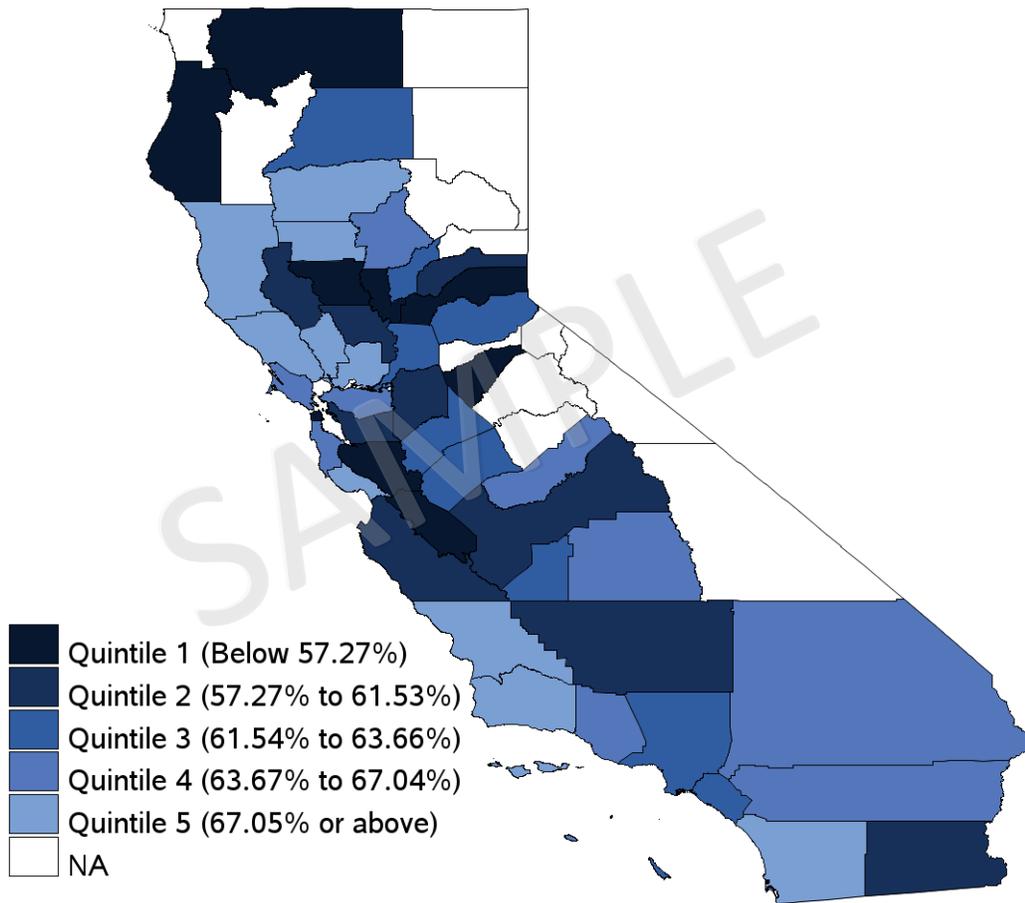
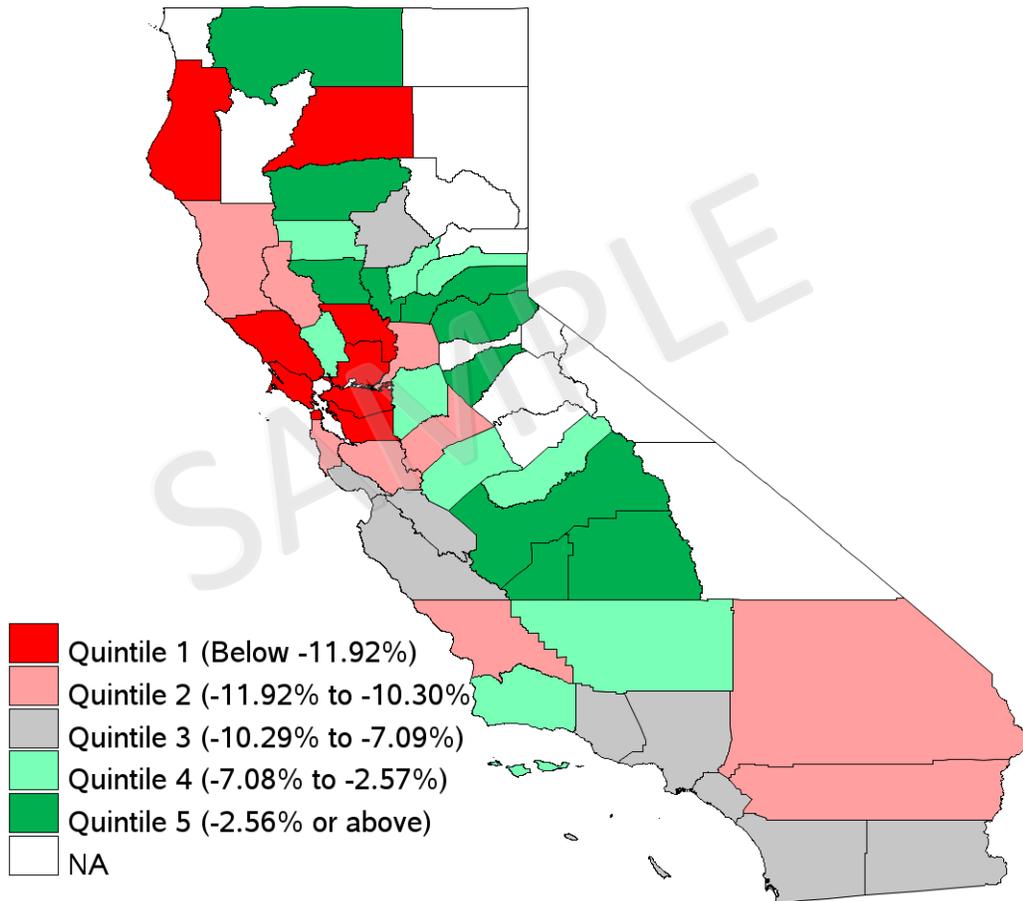


Table 2.5—Quintile Thresholds and Corresponding Colors

| Quintile | Performance Thresholds and Corresponding Colors |
|-------------------------------------|---|
| NA | Small denominator or suppressed rate |
| Quintile 1 (least favorable change) | Below the 20th percentile |
| Quintile 2 | At or above the 20th percentile but below the 40th percentile |
| Quintile 3 | At or above the 40th percentile but below the 60th percentile |
| Quintile 4 | At or above the 60th percentile but below the 80th percentile |
| Quintile 5 (most favorable change) | At or above the 80th percentile |

Figure 2.4—Sample Regional-Level Trending Map

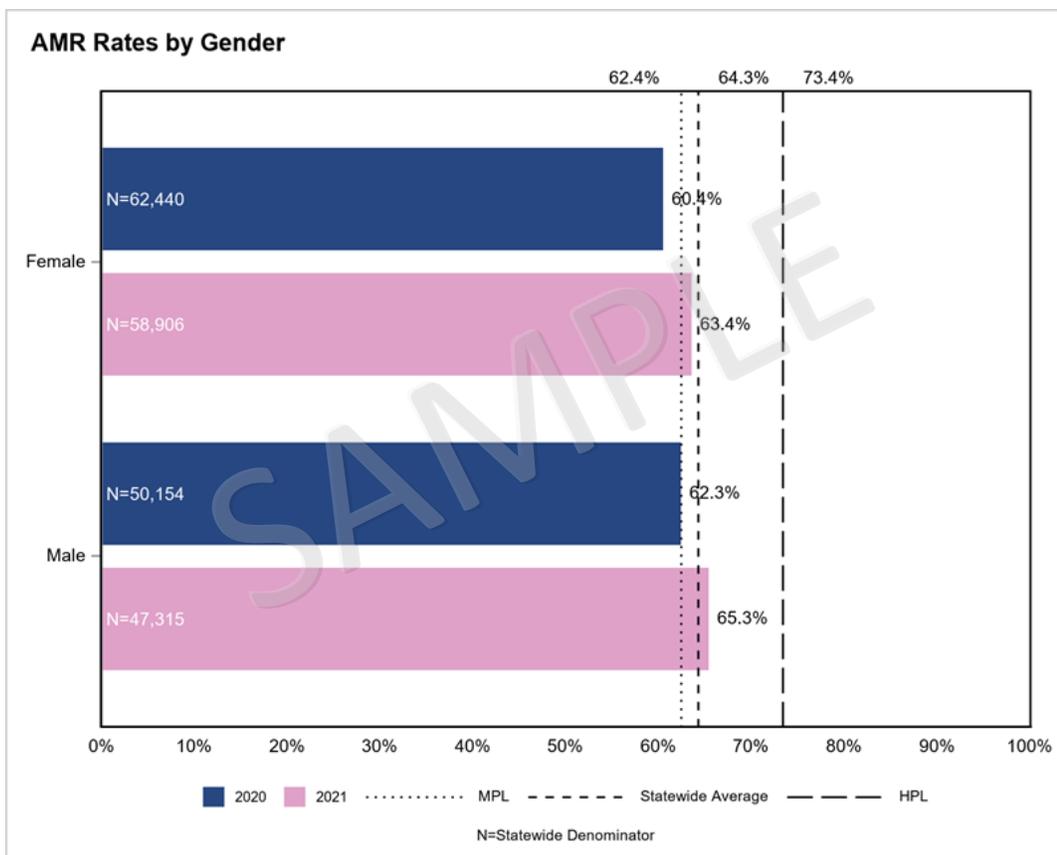
FIGURE CONTAINS MOCK DATA



Within Appendix C. Demographic Stratification Results, horizontal bar graphs display all indicator rates by demographic stratification (race/ethnicity, primary language, age, gender, and SPD/non-SPD) for measurement year 2021 and 2020 results, where applicable. Please note that for racial/ethnic results with data limitations and results for all other stratifications, statistical analysis was not performed to identify health disparities; therefore, these rates are for information only. “N” represents the total statewide denominator for an indicator for a particular group. In each figure, reference lines are displayed for the measurement year 2021 statewide average; minimum performance level/median state performance rate; and high performance level, where available. Notes are included above each figure displaying the measurement year 2020 and 2021 statewide denominator and rate for the “Unknown/Missing” group for the corresponding stratification, where applicable, and the minimum performance level/median state performance rate, high performance level, and statewide aggregate for measurement year 2020, where applicable. An example of a horizontal bar graph by gender is shown in Figure 2.5. All data in the sample figure are mock data.

Figure 2.5—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 2.3. 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 rates for "Unknown/Missing" race/ethnicity, primary language, and gender groups in the formal report as a note 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 and 2021 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 and 2021 performance to benchmarks derived from measurement year 2020.

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.

Adult and Child Core Set Median State Performance Rates

While HSAG used the NCQA 2020 and 2021 Quality Compass benchmarks to identify disparities for the HEDIS MCAS indicators, HSAG compared non-HEDIS MCAS indicators to the FFY 2020 Adult and Child Core Set median state performance rates, where possible. Adult and Child Core Set median state performance rates are established using statewide measure rates. This differs from the NCQA 2020 and 2021 Quality Compass benchmark methodology, which is established using individual health plan information.

Other Racial/Ethnic Group

Approximately 9.5 percent of unique members (approximately 1,070,000) identified their race/ethnicity as “Other,” making this group the third 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.

The Findings section presents the racial/ethnic disparities results for measurement years 2020 and 2021, where applicable, organized by domain (Children’s Health, Women’s Health, Behavioral Health, and Acute and Chronic Disease Management) for those indicators determined to be key findings. The Findings section includes the following:

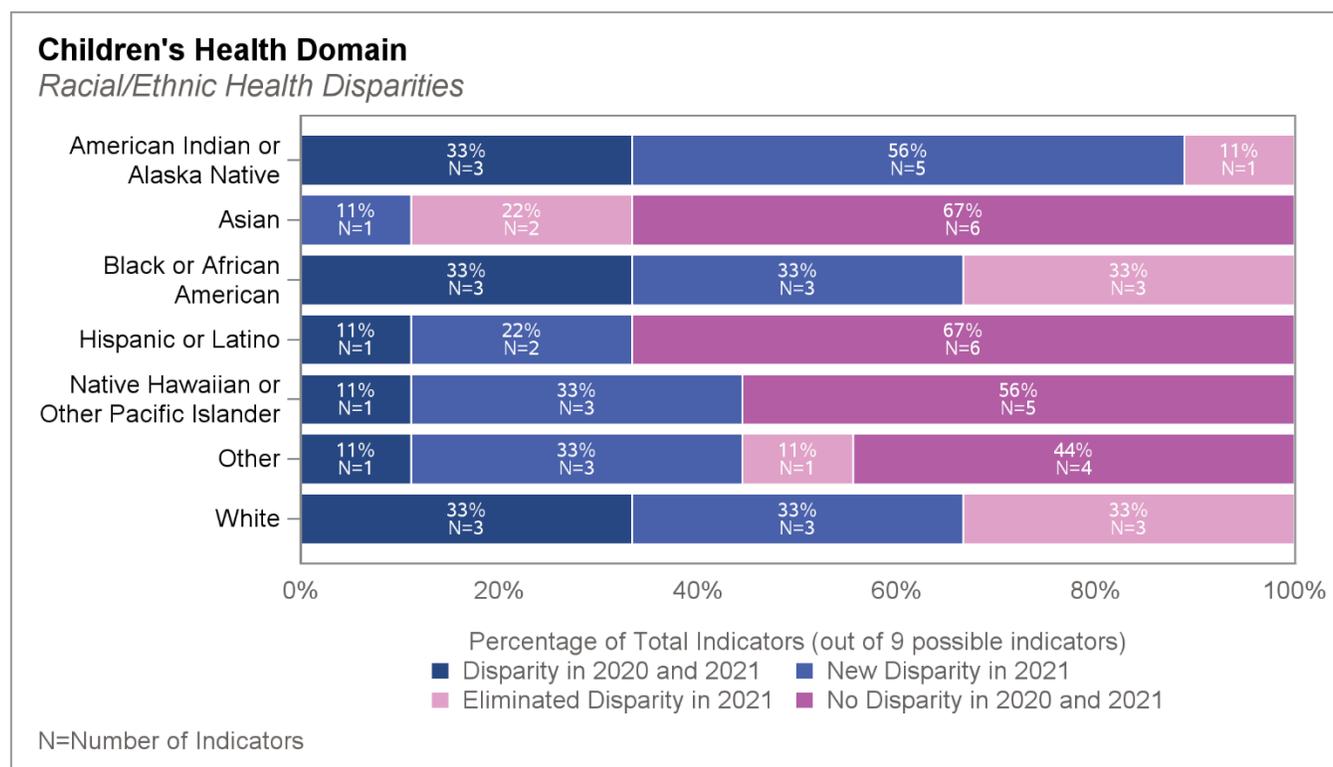
- ◆ Domain-level results that include a summary of all racial/ethnic disparities identified within each domain regardless of whether the disparity is considered a key finding.
- ◆ Indicator-level results for those indicators determined to be a key finding. Indicator rates for each racial/ethnic group for measurement years 2020 and 2021, where applicable, are presented. For all indicators, including those that are not considered to be key findings, indicator-level racial/ethnic disparity results are presented in Appendix C.
- ◆ Regional-level results for all indicator-racial/ethnic group combinations that were determined to be key findings. Maps are presented for those indicator-racial/ethnic group combinations with disparities identified. Please note, if a racial/ethnic group had a disparity identified at the statewide level but the denominator was too small for sufficient reporting of county-level results, the map is not presented. Additionally, maps are not presented for eliminated disparities.

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. The following indicators did not have disparities identified in measurement year 2020 either because there was a break in trending for that indicator or because benchmarks were not available in measurement year 2020: *Child and Adolescent Well-Care Visits—Total*, *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 in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*. Therefore, disparities identified for these indicators are considered new disparities for measurement year 2021.

Figure 3.1 displays the percentage and number of Children’s Health domain indicators (out of nine possible indicators) for which disparities were identified or were not identified for each racial/ethnic group in addition to newly identified and eliminated disparities within the Children’s Health domain.

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



The following key findings were identified for the Children’s Health domain.

- ◆ The following persistent disparities improved from measurement year 2020 to measurement year 2021:
 - *Developmental Screening in the First Three Years of Life—Total* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had a persistent, improving disparity identified.
 - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total and Counseling for Physical Activity—Total* indicator rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a persistent, improving disparity identified.
- ◆ The following persistent disparities worsened from measurement year 2020 to measurement year 2021:
 - *Childhood Immunization Status—Combination 10 and Immunizations for Adolescents—Combination 2* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had a persistent, worsening disparity identified.
- ◆ New disparities were identified for five indicators within the Children’s Health domain.
 - *Child and Adolescent Well-Care Visits—Total* indicator rates for four of seven (57.1 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African

American, Native Hawaiian or Other Pacific Islander, and White) had new disparities identified.

- *Childhood Immunization Status—Combination 10* indicator rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a new disparity identified.
 - *Immunizations for Adolescents—Combination 2* indicator rates for two of seven (28.6 percent) racial/ethnic groups (American Indian or Alaska Native and Other) had new disparities identified.
 - *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator rates for all seven racial/ethnic groups had new disparities identified.
 - *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* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had new disparities identified.
- ◆ Eliminated disparities were identified for four indicators within the Children’s Health domain.
- *Developmental Screening in the First Three Years of Life—Total* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Asian) had an eliminated disparity identified.
 - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* indicator rates for five of seven (71.4 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Other, and White) had eliminated disparities identified.
 - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total and Counseling for Physical Activity—Total* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had eliminated disparities identified.
- ◆ Widespread disparities were identified for the *Developmental Screening in the First Three Years of Life—Total*, *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*, and *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicators and the American Indian or Alaska Native, Black or African American, and White racial/ethnic groups.
- For measurement year 2021, *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator rates for all racial/ethnic groups had disparities identified.
 - For measurement year 2021, *Developmental Screening in the First Three Years of Life—Total* and *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* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had disparities identified.

- For measurement year 2021, the rates for the American Indian or Alaska Native racial/ethnic group had disparities identified for eight of nine (88.9 percent) indicators within the Children’s Health domain.
- For measurement year 2021, the rates for the Black or African American and White racial/ethnic groups had disparities identified for six of nine (66.7 percent) indicators within the Children’s Health domain.
- ◆ Large disparities were identified for eight of nine (88.9 percent) indicators in the Children’s Health domain. The following are the most notable large disparities:
 - *Developmental Screening in the First Three Years of Life—Total* indicator rates for five of seven (71.4 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White) had large disparities identified across both measurement years 2020 and 2021.
 - *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 and Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had large disparities identified for measurement year 2021.
- ◆ No emerging disparities were identified within the Children’s Health Domain.

Racial/Ethnic Health Disparities: Children’s Health Domain Key Findings

Based on evaluating the results of the key findings above, the following indicators were determined to be key findings for the Children’s Health domain:

- ◆ *Child and Adolescent Well-Care Visits—Total*
- ◆ *Childhood Immunization Status—Combination 10*
- ◆ *Immunizations for Adolescents—Combination 2*
- ◆ *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*
- ◆ *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—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*

Please note, the results for the *Developmental Screening in the First Three Years of Life—Total* indicator were not considered a key finding given the data limitations with this indicator. Please refer to Appendix C for the racial/ethnic rates for this indicator.

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

Figure 3.2 through Figure 3.24 display the racial/ethnic health disparities and applicable regional results for indicators with results determined to be key findings 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 measurement year 2021 statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as rates on top of the figure and as dotted lines in the figure.

Child and Adolescent Well-Care Visits—Total (WCV)

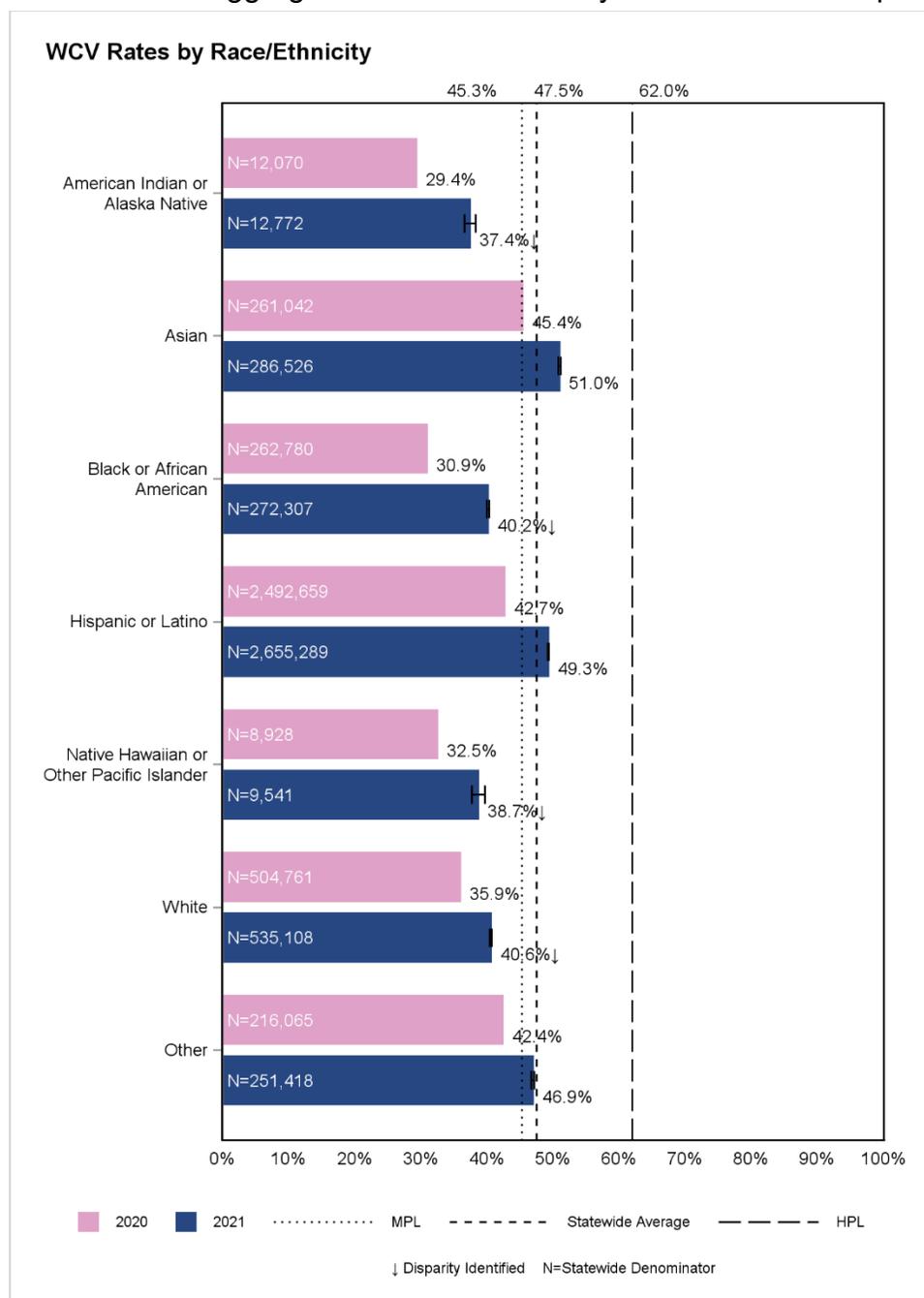
The *Child and Adolescent Well-Care Visits—Total (WCV)* indicator measures the percentage of children ages 3 to 21 years who had at least one comprehensive well-care visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) practitioner. Figure 3.2 through Figure 3.6 display the statewide racial/ethnic and applicable regional-level results for the *Child and Adolescent Well-Care Visits—Total (WCV)* indicator in addition to identified health disparities.

Figure 3.2—Child and Adolescent Well-Care Visits—Total (WCV) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 42.3 percent (N=158,676) and 49.1 percent (N=182,090), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 45.3 percent.

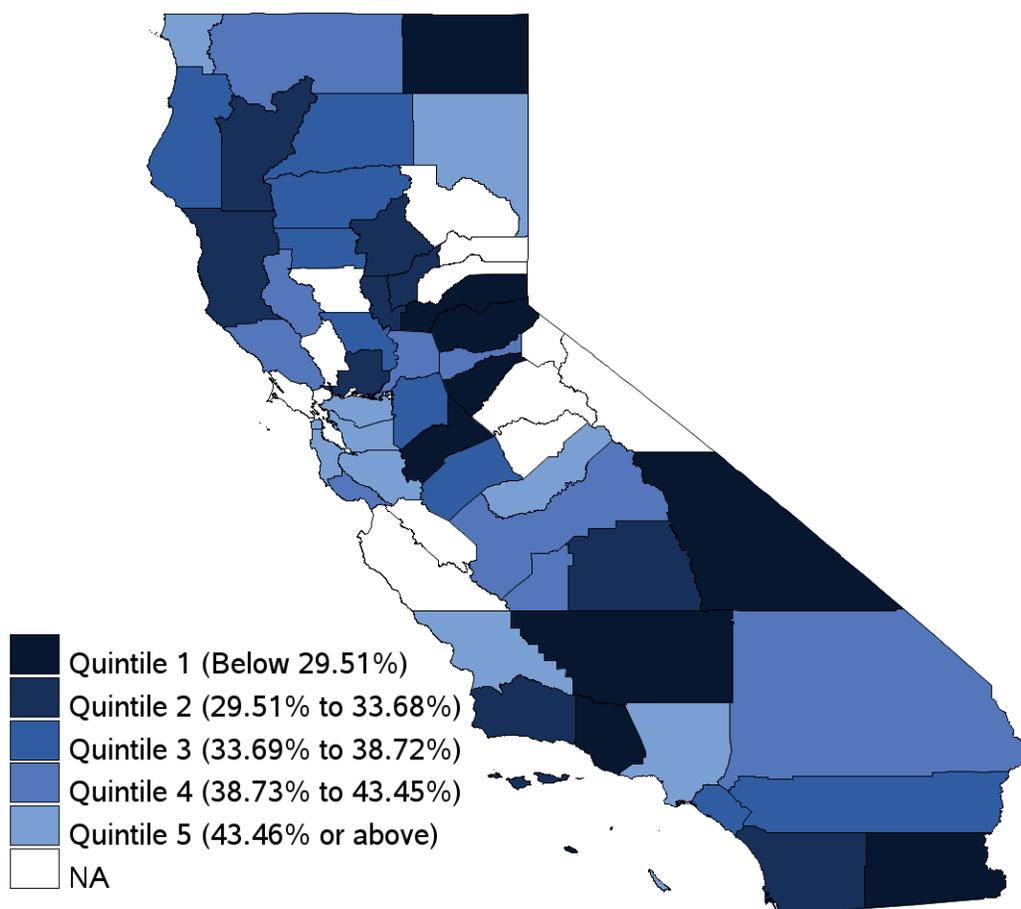


The following key findings were identified for the *Child and Adolescent Well-Care Visits—Total* indicator:

- ◆ As this indicator was not tested for disparities in measurement year 2020, all disparities identified were considered new. Four of seven (57.1 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) had a new disparity identified in measurement year 2021.
- ◆ Four of seven (57.1 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) had a large disparity identified for measurement year 2021.
- ◆ No widespread disparities were identified for the *Child and Adolescent Well-Care Visits—Total* indicator.

Figure 3.3—Child and Adolescent Well-Care Visits—Total (WCV)—American Indian or Alaska Native—Current Year Map

Current Rates by County for WCV—American Indian or Alaska Native



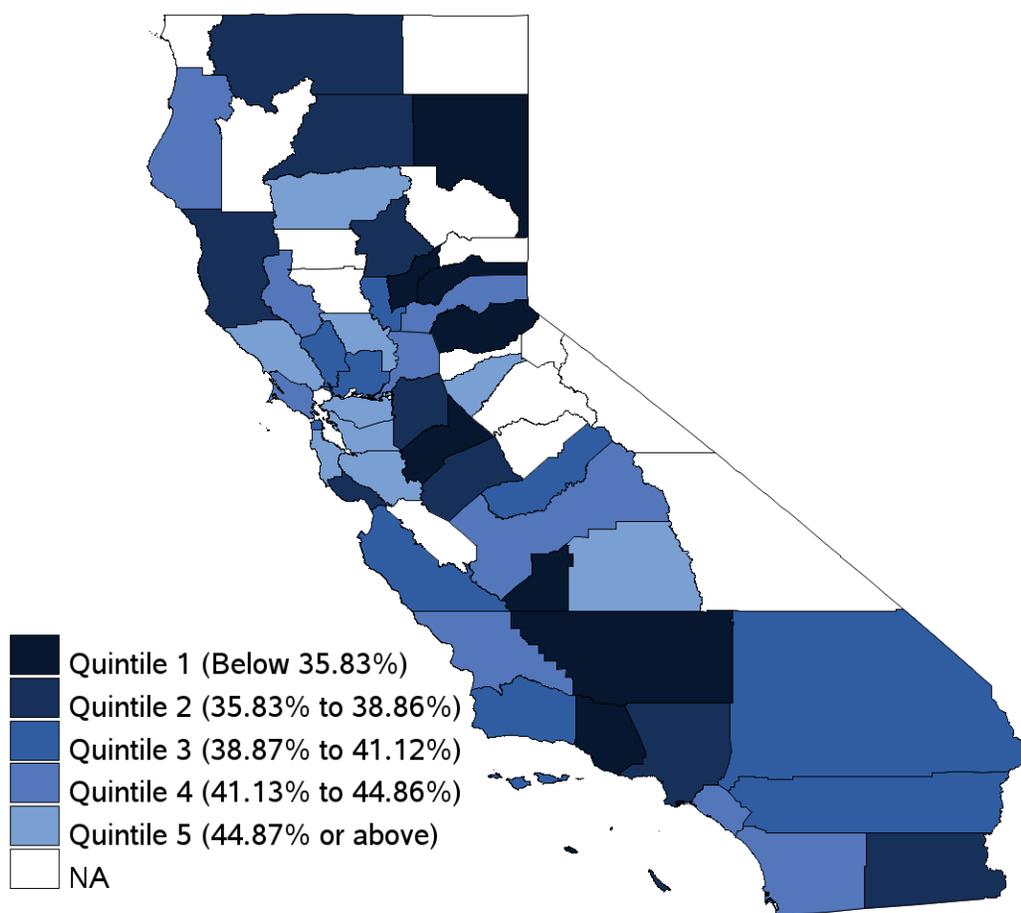
The following are the key findings for the *Child and Adolescent Well-Care Visits—Total—American Indian or Alaska Native* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had low performance for the *Child and Adolescent Well-Care Visits—Total—American Indian or Alaska Native* indicator-racial/ethnic group combination.
 - Rates for 11 of 19 (57.9 percent) rural counties with reportable rates were in the bottom two quintiles (i.e., Quintiles 1 and 2), while rates for 14 of 27 (51.9 percent) urban counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5).
- ◆ Counties in the North/Mountain region had low performance for the *Child and Adolescent Well-Care Visits—Total—American Indian or Alaska Native* indicator-racial/ethnic group combination.
 - Rates for 10 of 20 (50.0 percent) counties with reportable rates (Butte, Calaveras, El Dorado, Inyo, Mendocino, Modoc, Placer, Sutter, Trinity, and Yuba) in the North/Mountain region were in the bottom two quintiles.

- ◆ Counties in the San Francisco Bay/Sacramento region had high performance for the *Child and Adolescent Well-Care Visits—Total—American Indian or Alaska Native* indicator-racial/ethnic group combination.
 - Rates for seven of eight (87.5 percent) counties with reportable rates (Alameda, Contra Costa, Sacramento, San Francisco, San Mateo, Santa Clara, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles, and rates for five of these seven (71.4 percent) counties (Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara) were in the top quintile.

Figure 3.4—Child and Adolescent Well-Care Visits—Total (WCV)—Black or African American—Current Year Map

Current Rates by County for WCV—Black or African American



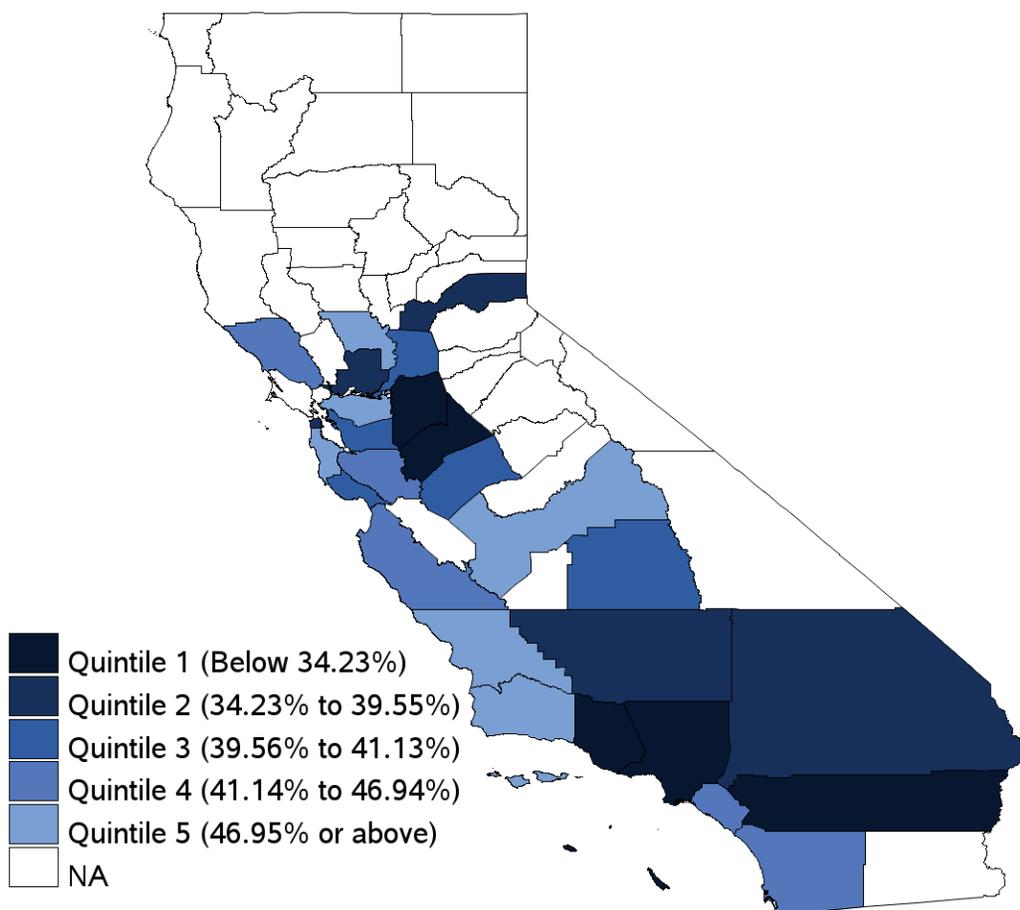
The following are the key findings for the *Child and Adolescent Well-Care Visits—Total—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Joaquin Valley region had low performance for the *Child and Adolescent Well-Care Visits—Total—Black or African American* indicator-racial/ethnic group combination.

- Rates for five of eight (62.5 percent) counties with reportable rates (Kern, Kings, Merced, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
- ◆ Counties in the San Francisco Bay/Sacramento region had high performance for the *Child and Adolescent Well-Care Visits—Total—Black or African American* indicator-racial/ethnic group combination.
 - Rates for seven of 10 (70.0 percent) counties with reportable rates (Alameda, Contra Costa, Marin, Sacramento, San Mateo, Santa Clara, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5) and rates for five of these seven (71.4 percent) counties (Alameda, Contra Costa, San Mateo, Santa Clara, and Sonoma) were in the top quintile.

Figure 3.5—Child and Adolescent Well-Care Visits—Total (WCV)—Native Hawaiian or Other Pacific Islander—Current Year Map

Current Rates by County for WCV—Native Hawaiian or Other Pacific Islander

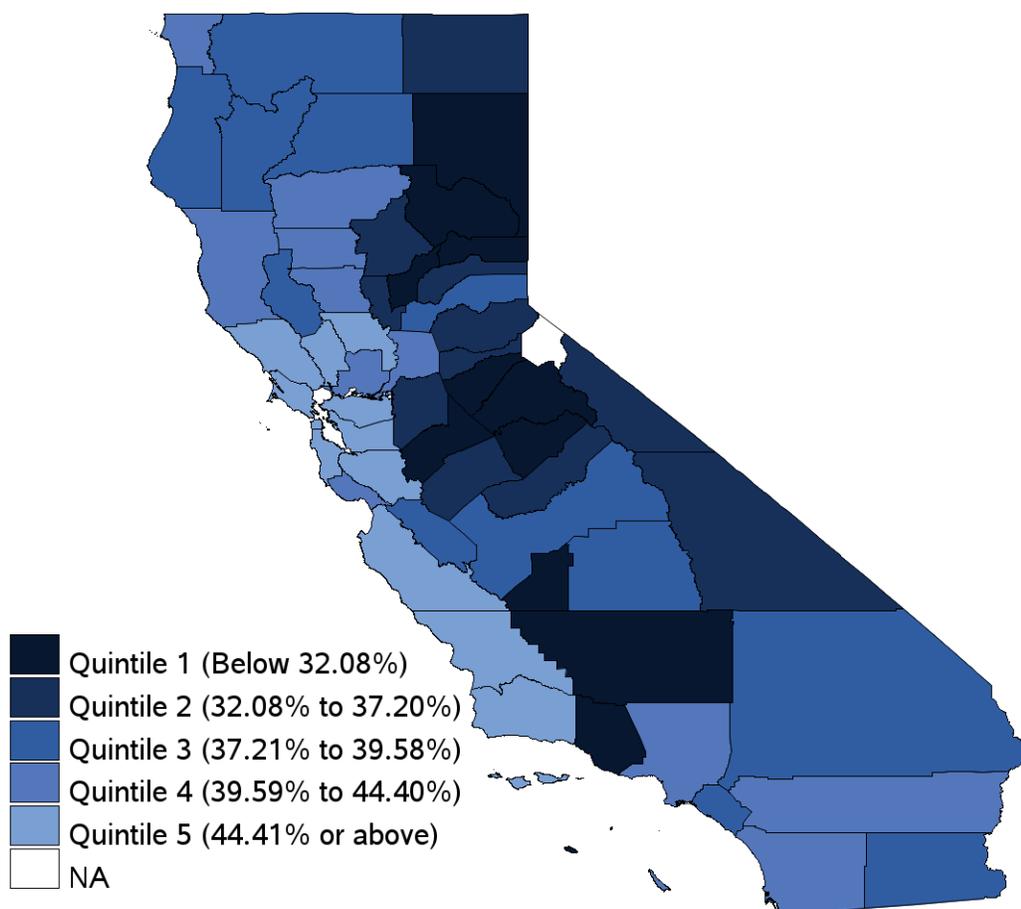


The following are the key findings for the *Child and Adolescent Well-Care Visits—Total—Native Hawaiian or Other Pacific Islander* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Joaquin Valley and Southeastern regions had low performance for the *Child and Adolescent Well-Care Visits—Total—Native Hawaiian or Other Pacific Islander* indicator-racial/ethnic group combination.
 - Rates for three of six (50.0 percent) counties with reportable rates (Kern, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in the bottom two quintiles.
- ◆ Counties in the Central Coast, San Francisco Bay/Sacramento, and Southern Coast regions had high performance for the *Child and Adolescent Well-Care Visits—Total—Native Hawaiian or Other Pacific Islander* indicator-racial/ethnic group combination.
 - Rates for three of five (60.0 percent) counties with reportable rates (Monterey, San Luis Obispo, and Santa Barbara) in the Central Coast region were in the top two quintiles (i.e., Quintiles 4 and 5).
 - Rates for four of eight (50.0 percent) counties with reportable rates (Contra Costa, San Mateo, Santa Clara, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles.
 - Rates for two of three (66.7 percent) counties with reportable rates (Orange and San Diego) in the Southern Coast region were in Quintile 4.

Figure 3.6—Child and Adolescent Well-Care Visits—Total (WCV)—White—Current Year Map

Current Rates by County for WCV—White



The following are the key findings for the *Child and Adolescent Well-Care Visits—Total—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had low performance for the *Child and Adolescent Well-Care Visits—Total—White* indicator-racial/ethnic group combination.
 - Rates for 15 of 27 (55.6 percent) rural counties with reportable rates were in the bottom two quintiles (i.e., Quintiles 1 and 2), while rates for 18 of 30 (60.0 percent) urban counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5).
- ◆ Counties in the North/Mountain and San Joaquin Valley regions had low performance for the *Child and Adolescent Well-Care Visits—Total—White* indicator-racial/ethnic group combination, making up 21 of 22 (95.5 percent) counties in the bottom two quintiles (i.e., Quintiles 1 and 2).
 - Rates for 15 of 27 (55.6 percent) counties with reportable rates (Amador, Butte, Calaveras, El Dorado, Inyo, Lassen, Mariposa, Modoc, Mono, Nevada, Plumas, Sierra,

Sutter, Tuolumne, and Yuba) in the North/Mountain region were in the bottom two quintiles.

- Rates for six of eight (75.0 percent) counties with reportable rates (Kern, Kings, Madera, Merced, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles.
- ◆ Counties in the Central Coast, San Francisco Bay/Sacramento, and Southern Coast regions had high performance for the *Child and Adolescent Well-Care Visits—Total—White* indicator-racial/ethnic group combination.
 - Rates for four of six (66.7 percent) counties with reportable rates (Monterey, San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast region were in the top two quintiles.
 - Rates for all 10 counties with reportable rates (Alameda, Contra Costa, Marin, Napa, Sacramento, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles, and eight of these 10 (80.0 percent) counties were in the top quintile.
 - Rates for two of three (66.7 percent) counties with reportable rates (Los Angeles and San Diego) in the Southern Coast region were in Quintile 4.

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 3.7 through Figure 3.9 display the statewide racial/ethnic and applicable regional-level results for the *Childhood Immunization Status—Combination 10 (CIS–10)* indicator in addition to identified health disparities.

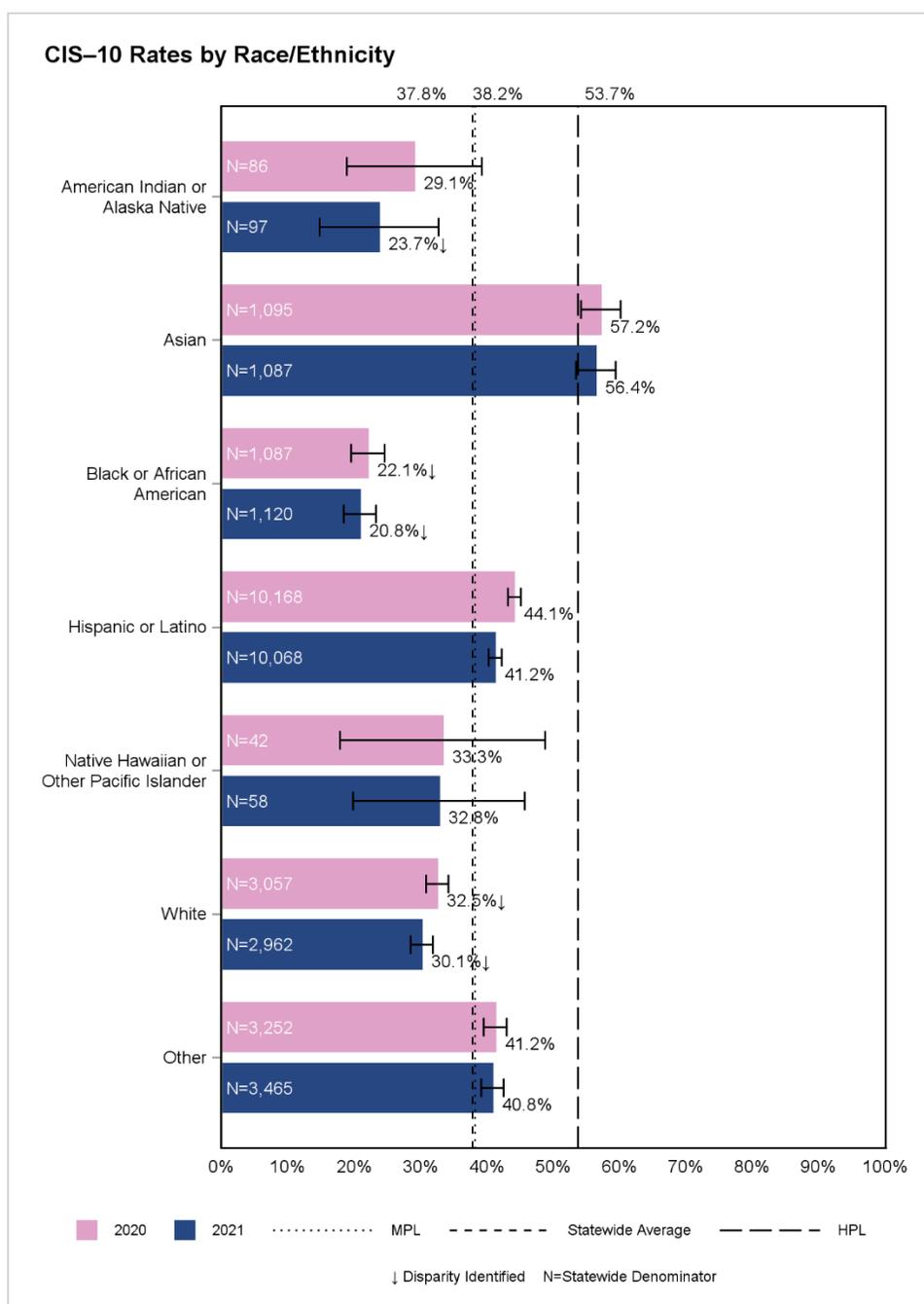
Figure 3.7—Childhood Immunization Status—Combination 10 (CIS–10) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 31.6 percent (N=2,889) and 31.1 percent (N=3,236), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.5 percent and 52.1 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.8 percent.



The following key findings were identified for the *Childhood Immunization Status—Combination 10* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had a persistent, worsening disparity identified, and no persistent disparities improved.
- ◆ One of seven (14.3 percent) racial/ethnic group rates (American Indian or Alaska Native) had a new disparity identified in measurement year 2021.

- ◆ Two of seven (28.6 percent) racial/ethnic group rates (Black or African American and White) had a large disparity identified for measurement year 2020; however, for measurement year 2021, a large disparity was identified for one additional racial/ethnic group rate (American Indian or Alaska Native).
- ◆ No eliminated, widespread, or emerging disparities were identified for the *Childhood Immunization Status—Combination 10* indicator.

Figure 3.8—Childhood Immunization Status—Combination 10 (CIS-10)—White—Current Year Map

Current Rates by County for CIS-10—White

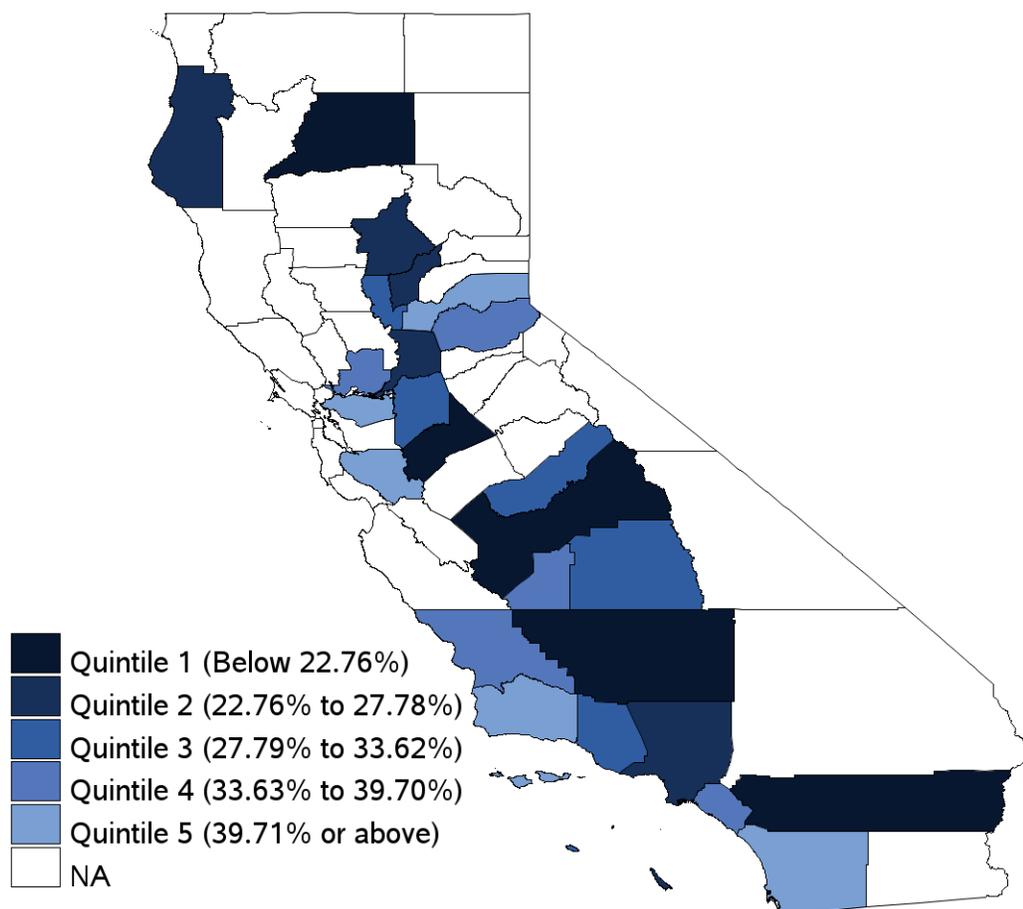
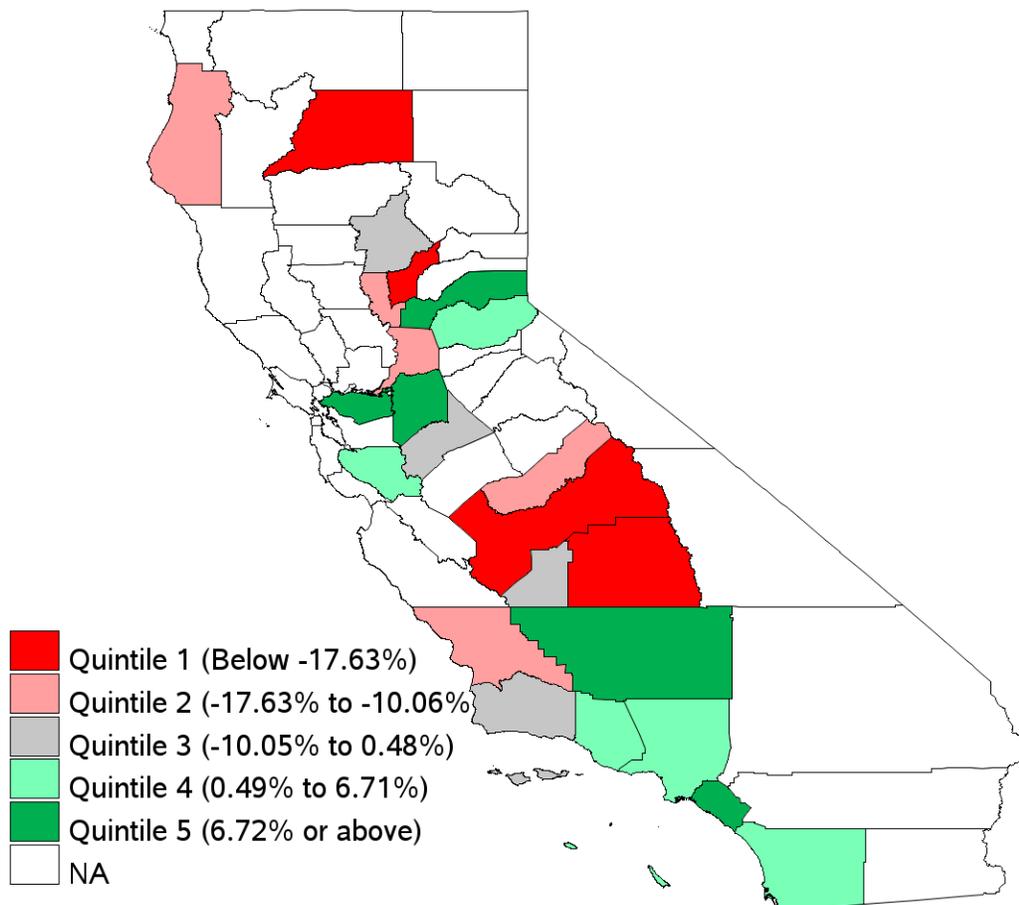


Figure 3.9—Childhood Immunization Status—Combination 10 (CIS-10)—White—Trending Map

Relative Difference by County for CIS-10—White



The following are the key findings for the *Childhood Immunization Status—Combination 10—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the North/Mountain region had low performance for the *Childhood Immunization Status—Combination 10—White* indicator-racial/ethnic group combination.
 - Rates for four of seven (57.1 percent) counties with reportable rates (Butte, Humboldt, Shasta, and Yuba) in the North/Mountain region were in the bottom two quintiles (i.e., Quintiles 1 and 2) for current year performance. Additionally, rates in all four counties also decreased by more than a 10 percent relative difference from measurement year 2020 to measurement year 2021.
- ◆ Counties in the San Francisco Bay/Sacramento and Southern Coast regions had high performance for the *Childhood Immunization Status—Combination 10—White* indicator-racial/ethnic group combination.

- Rates for two of four (50.0 percent) counties with reportable rates (Contra Costa and Santa Clara) in the San Francisco Bay/Sacramento region were in the top quintile for current year performance and were in the top two quintiles (i.e., Quintiles 4 and 5) for trending results. However, Sacramento County was in Quintile 2 for both current year performance and trending results. The rate for Sacramento County declined by more than a 10 percent relative difference from measurement year 2020 to measurement year 2021.
- Rates for two of three (66.7 percent) counties with reportable rates (Orange and San Diego) in the Southern Coast region were in the top two quintiles for current year performance. Rates for all three counties (Los Angeles, Orange, and San Diego) improved from measurement year 2020 to 2021 and were in the top two quintiles for trending results.

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 3.10 through Figure 3.12 display the statewide racial/ethnic and applicable regional-level results for the *Immunizations for Adolescents—Combination 2 (IMA–2)* indicator in addition to identified health disparities.

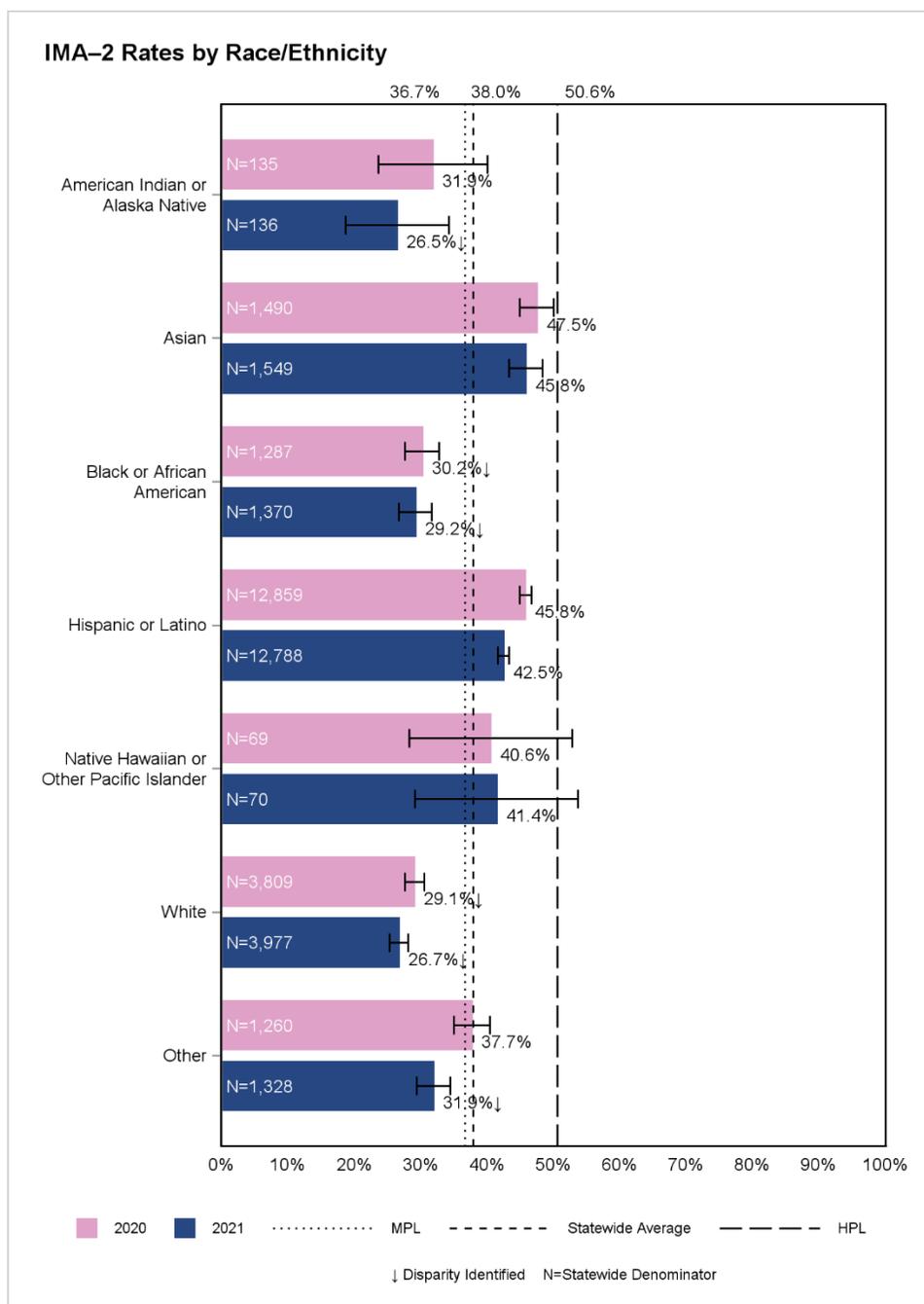
Figure 3.10—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 29.5 percent (N=485) and 29.3 percent (N=485), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 36.9 percent and 50.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 41.1 percent.



The following key findings were identified for the *Immunizations for Adolescents—Combination 2* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had a persistent, worsening disparity identified, and no persistent disparities improved.
- ◆ Two of seven (28.6 percent) racial/ethnic group rates (American Indian or Alaska Native and Other) had a new disparity identified in measurement year 2021.

- ◆ Two of seven (28.6 percent) racial/ethnic group rates (Black or African American and White) had a large disparity identified for measurement year 2020; however, for measurement year 2021, a large disparity was identified for two additional racial/ethnic group rates (American Indian or Alaska Native and Other).
- ◆ No eliminated, widespread, or emerging disparities were identified for the *Immunizations for Adolescents—Combination 2* indicator.

Figure 3.11—Immunizations for Adolescents—Combination 2 (IMA-2)—White—Current Year Map

Current Rates by County for IMA-2—White

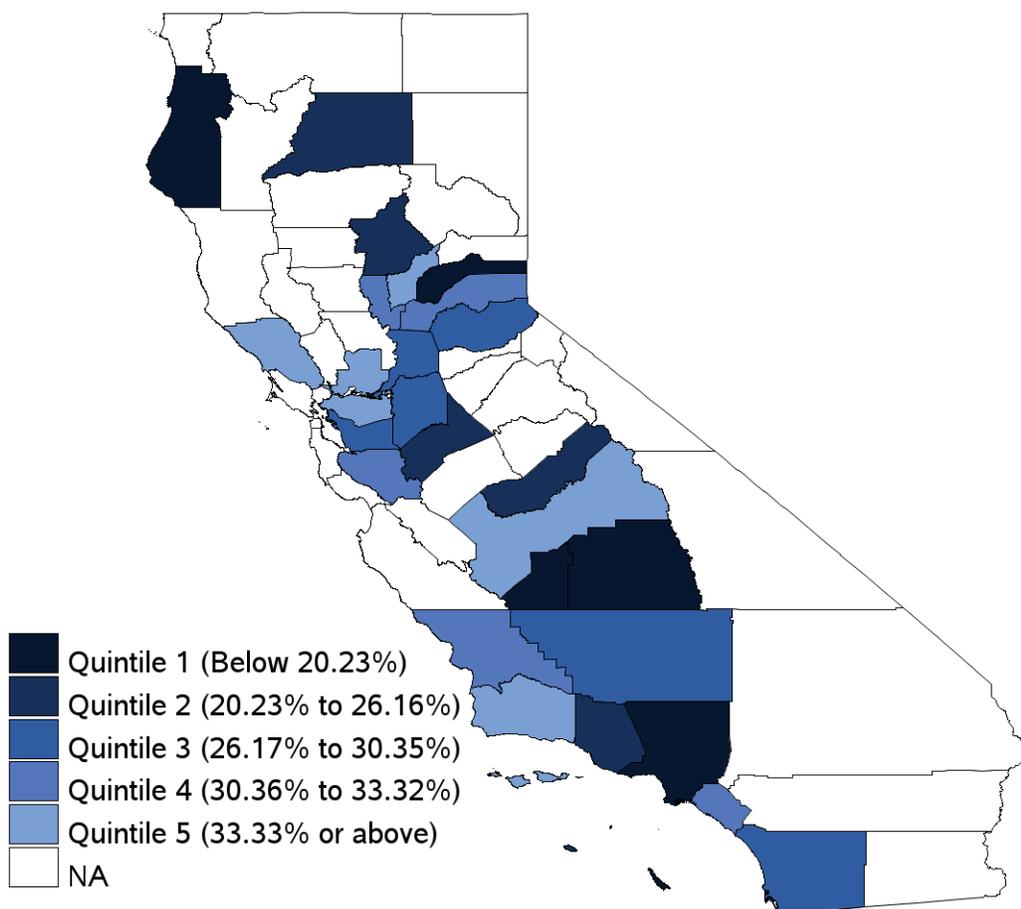
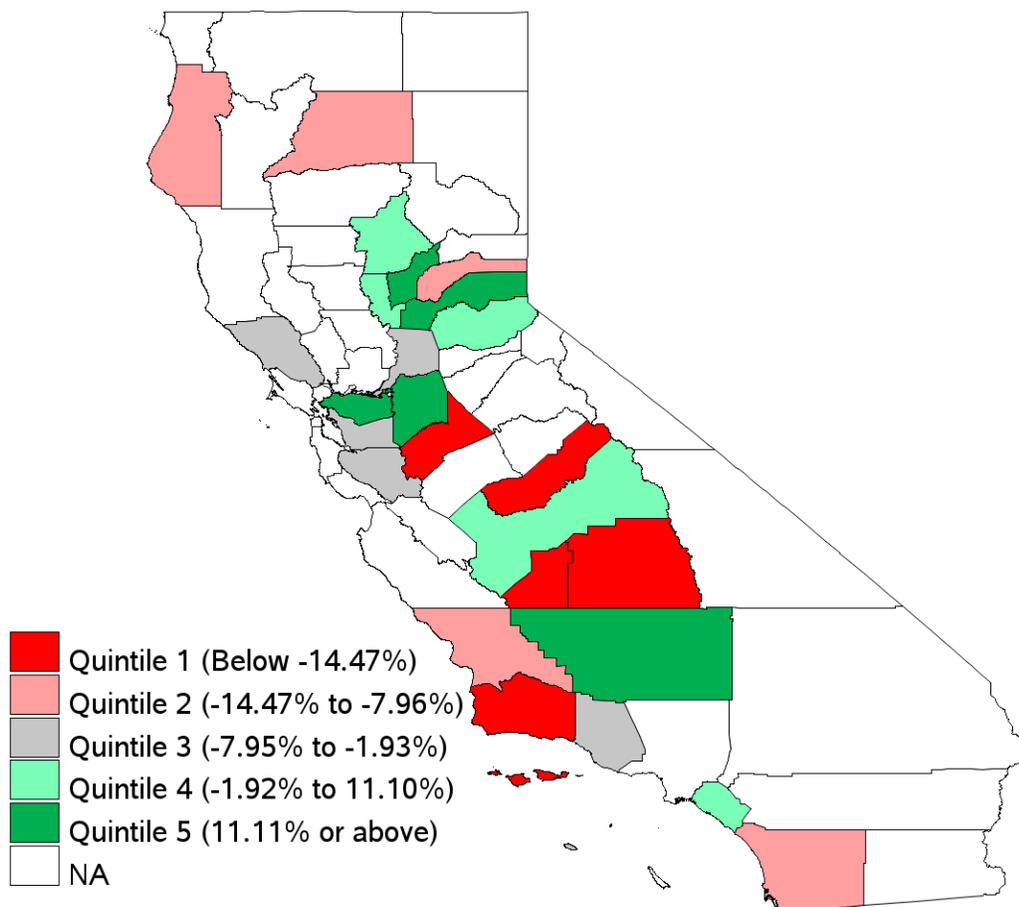


Figure 3.12—Immunizations for Adolescents—Combination 2 (IMA-2)—White—Trending Map

Relative Difference by County for IMA-2—White



The following are the key findings for the *Immunizations for Adolescents—Combination 2—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Joaquin Valley region had low performance for the *Immunizations for Adolescents—Combination 2—White* indicator-racial/ethnic group combination.
 - Rates for four of seven (57.1 percent) counties with reportable rates (Kings, Madera, Stanislaus, and Tulare) in the San Joaquin Valley region were in the bottom two quintiles (i.e., Quintiles 1 and 2) for current year performance. Additionally, the rates for all four of these counties were in the bottom quintile for trending performance.
- ◆ Counties in the Central Coast and San Francisco Bay/Sacramento regions had high performance for the *Immunizations for Adolescents—Combination 2—White* indicator-racial/ethnic group combination.
 - Rates for two of three (66.7 percent) counties with reportable rates (San Luis Obispo and Santa Barbara) in the Central Coast region were in the top two quintiles (i.e.,

Quintiles 4 and 5) for current year performance. However, both of these counties were in the bottom two quintiles for trending results.

- Rates for four of six (66.7 percent) counties with reportable rates (Contra Costa, Santa Clara, Solano, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles for current year performance.

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/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 PCP or OB/GYN and who had evidence that their BMI percentile was documented. Figure 3.13 displays the statewide racial/ethnic and applicable regional-level results for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)* indicator in addition to identified health disparities.

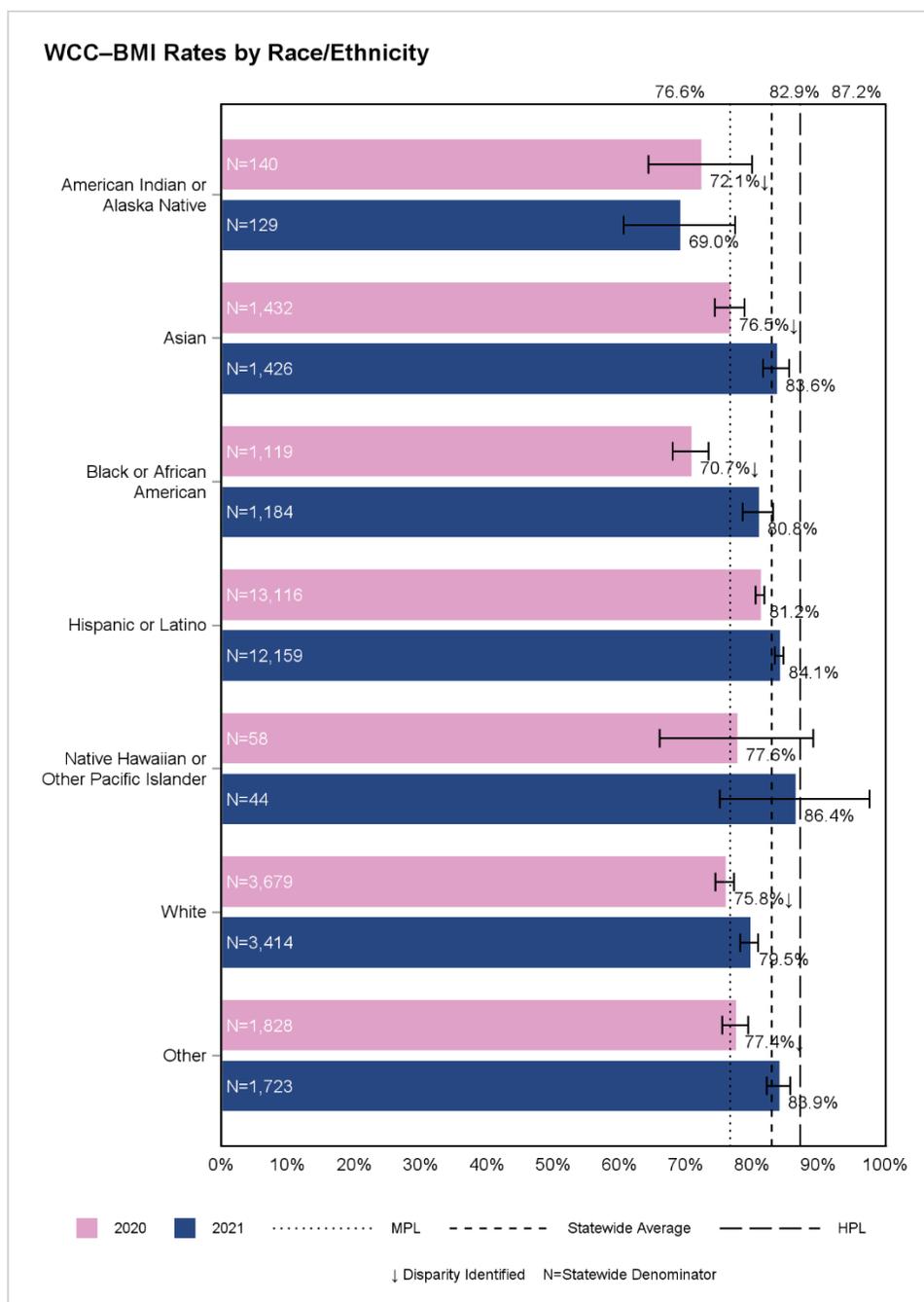
Figure 3.13—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 81.6 percent (N=1,059) and 82.2 percent (N=1,107), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 80.5 percent and 90.8 percent, respectively.

The statewide aggregate for measurement year 2020 was 79.1 percent.



The following key findings were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* indicator:

- ◆ Five of seven (71.4 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Other, and White) had an eliminated disparity identified.
- ◆ Widespread disparities were identified with five of seven (71.4 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Other, and

White) having a disparity identified in measurement year 2020; however, in measurement year 2021 these disparities were eliminated.

- ◆ No persistent, new, widespread, large, or emerging disparities were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* indicator.

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/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 3.14 displays the statewide racial/ethnic and applicable regional-level results for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)* indicator in addition to identified health disparities.

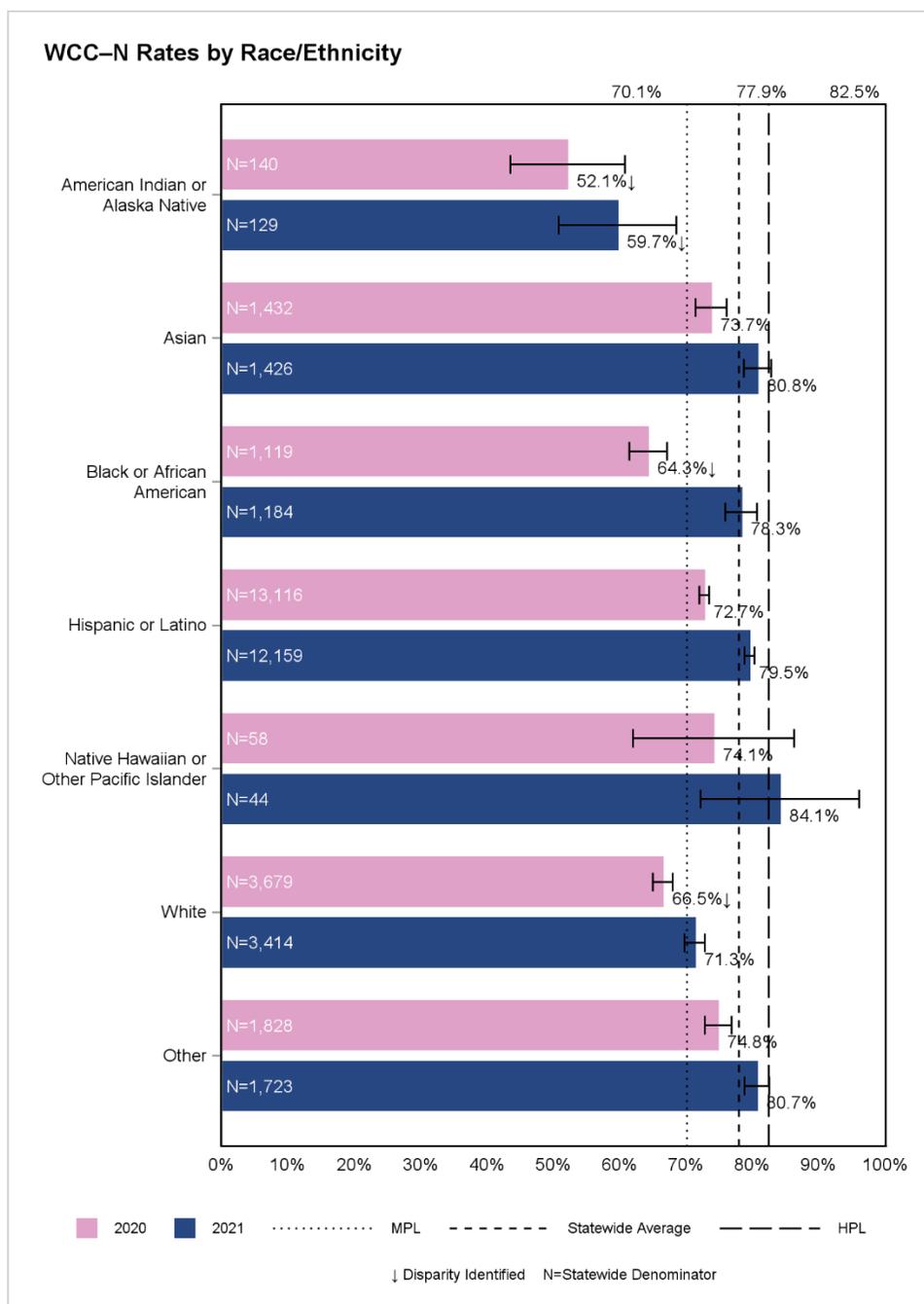
Figure 3.14—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 70.6 percent (N=1,059) and 74.3 percent (N=1,107), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 71.6 percent and 85.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 71.3 percent.



The following key findings were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a persistent, improving disparity identified, and no persistent disparities worsened.

- ◆ Two of seven (28.6 percent) racial/ethnic group rates (Black or African American and White) had an eliminated disparity identified.
- ◆ One of seven (14.3 percent) racial/ethnic group rates (American Indian or Alaska Native) had a large disparity identified for measurement years 2020 and 2021.
- ◆ No new, widespread, or emerging disparities were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator.

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/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 3.15 displays the statewide racial/ethnic and applicable regional-level results for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)* indicator in addition to identified health disparities.

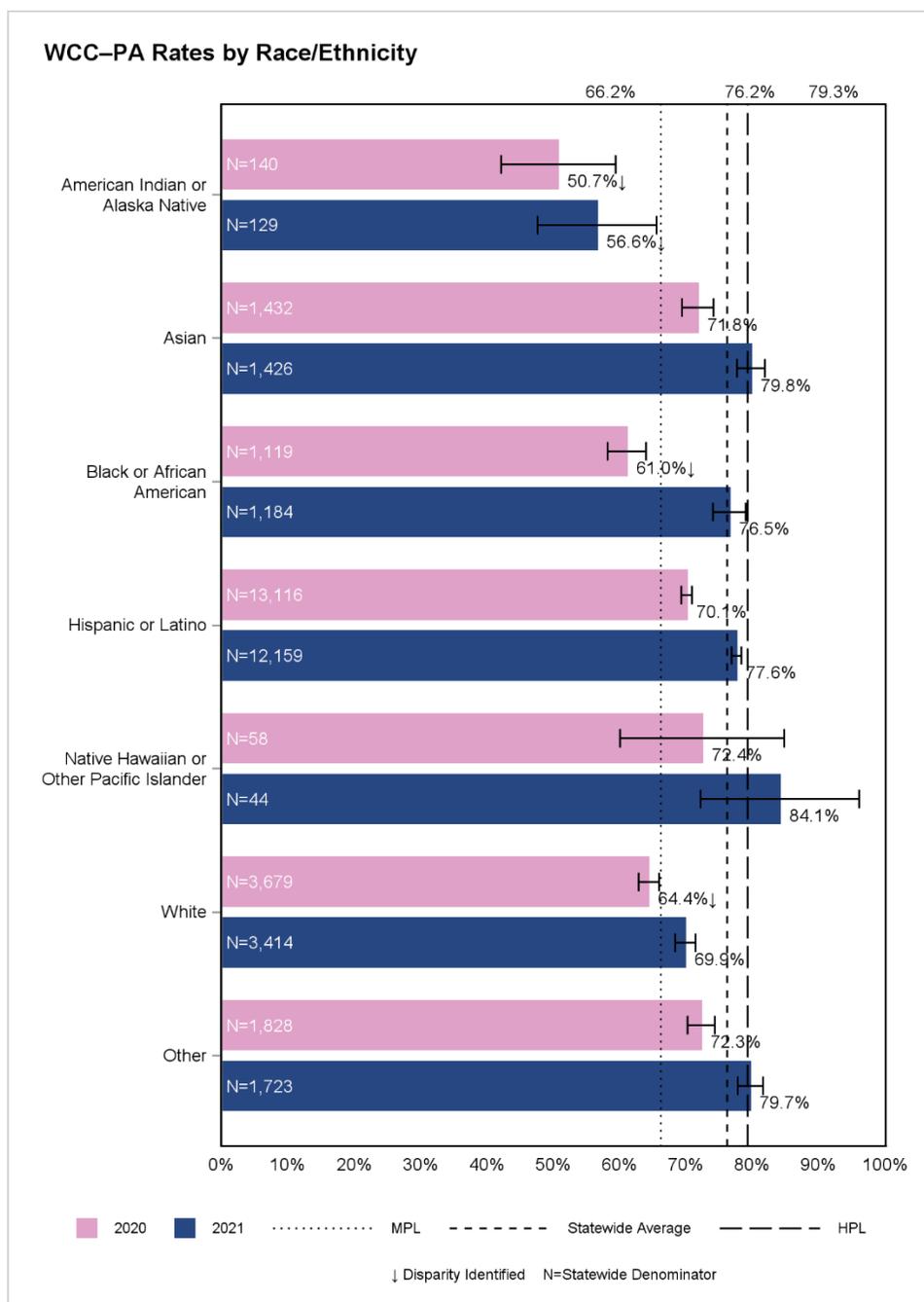
Figure 3.15—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 66.8 percent (N=1,059) and 71.0 percent (N=1,107), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 66.8 percent and 81.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 68.7 percent.



The following key findings were identified for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a persistent, improving disparity identified, and no persistent disparities worsened.

- ◆ Two of seven (28.6 percent) racial/ethnic group rates (Black or African American and White) had an eliminated disparity identified.
- ◆ One of seven (14.3 percent) racial/ethnic group rates (American Indian or Alaska Native) had a large disparity identified for measurement years 2020 and 2021.

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)

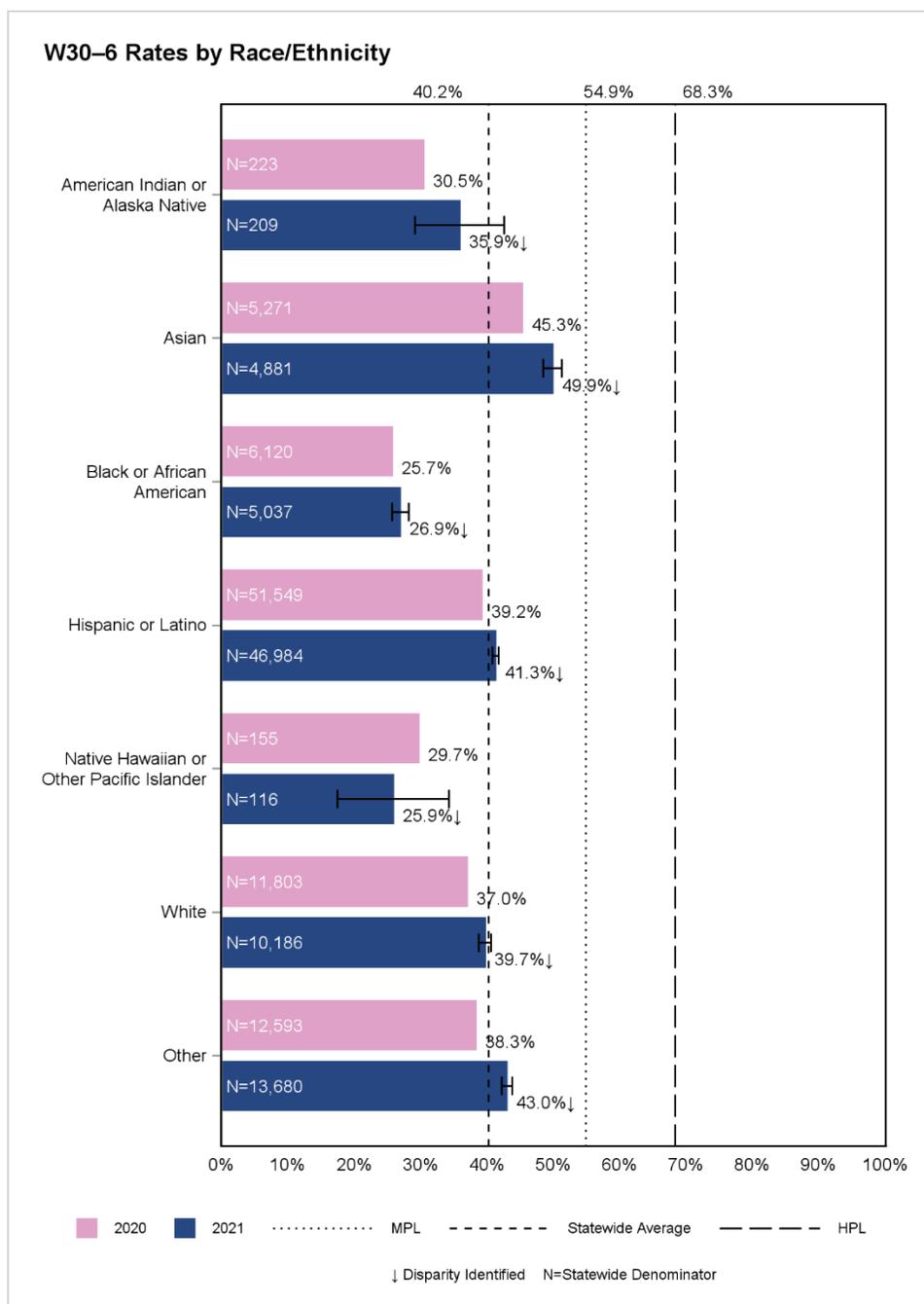
The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)* indicator measures the percentage of children who turned 15 months old during the measurement year who received six or more well-child visits with a PCP. Figure 3.16 through Figure 3.20 display the statewide racial/ethnic and applicable regional-level results for 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 in addition to identified health disparities.

Figure 3.16—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 Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 34.8 percent (N=14,980) and 36.6 percent (N=15,652), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 37.7 percent.



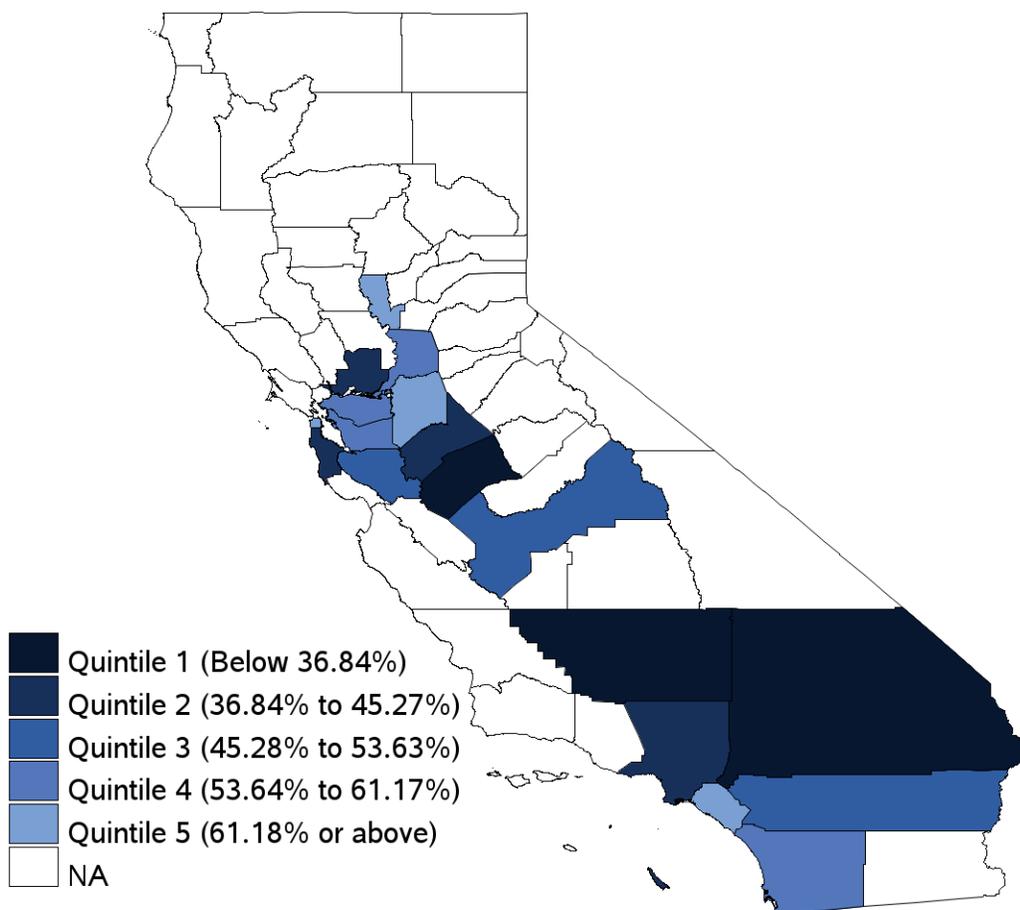
The following key findings were identified for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator:

- ◆ As this indicator was not tested for disparities in measurement year 2020, all disparities identified were considered new. Given this, all seven racial/ethnic group rates had a new disparity identified in measurement year 2021.
- ◆ Widespread disparities were identified, with all seven racial/ethnic group rates having disparities identified for measurement year 2021.

- ◆ Six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had a large disparity identified for measurement year 2021.

Figure 3.17—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)—Asian—Current Year Map

Current Rates by County for W30-6—Asian



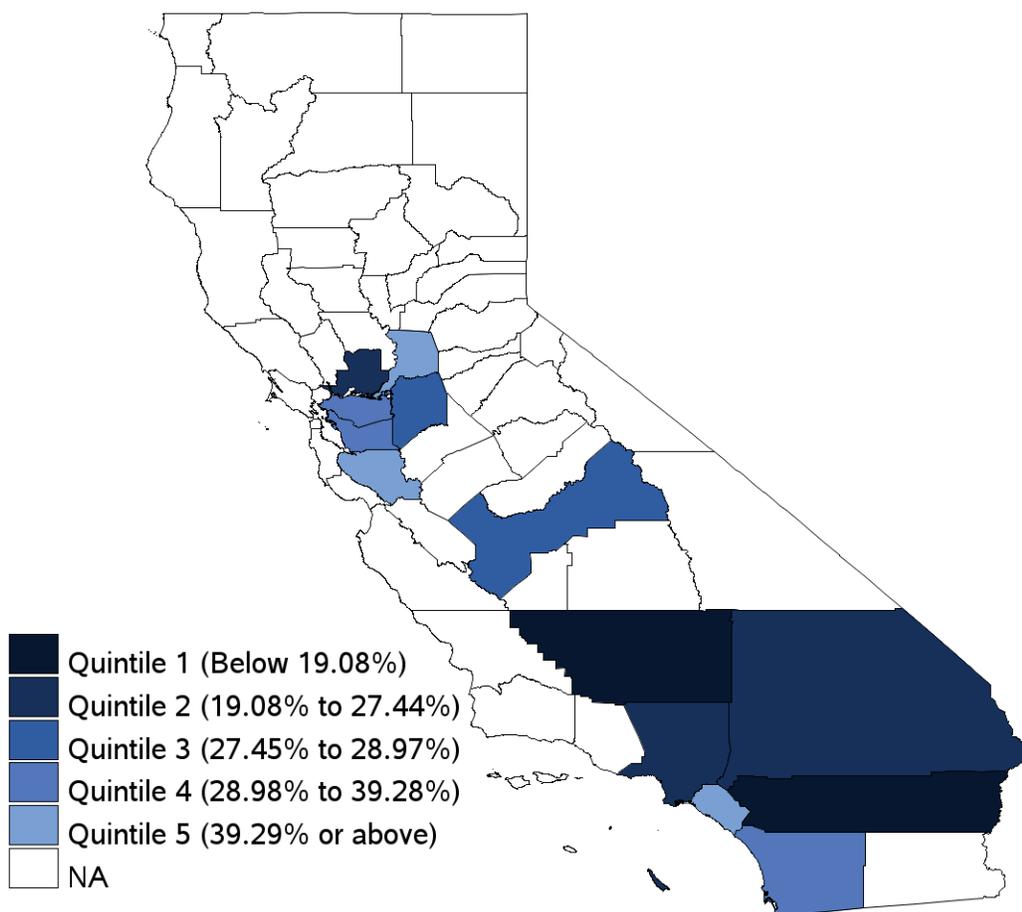
The following are the key findings for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Asian* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Joaquin Valley region had low performance for 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—Asian* indicator-racial/ethnic group combination.
 - Rates for three of five (60.0 percent) counties with reportable rates (Kern, Merced, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles (i.e., Quintiles 1 and 2).

- ◆ Counties in the San Francisco Bay/Sacramento and Southern Coast regions had high performance for 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—Asian indicator-racial/ethnic group combination*.
 - Rates for four of seven (57.1 percent) counties with reportable rates (Alameda, Contra Costa, Sacramento, and San Francisco) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5).
 - Rates for two of three (66.7 percent) counties with reportable rates (Orange and San Diego) in the Southern Coast region were in the top two quintiles.

Figure 3.18—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)—Black or African American—Current Year Map

Current Rates by County for W30–6—Black or African American

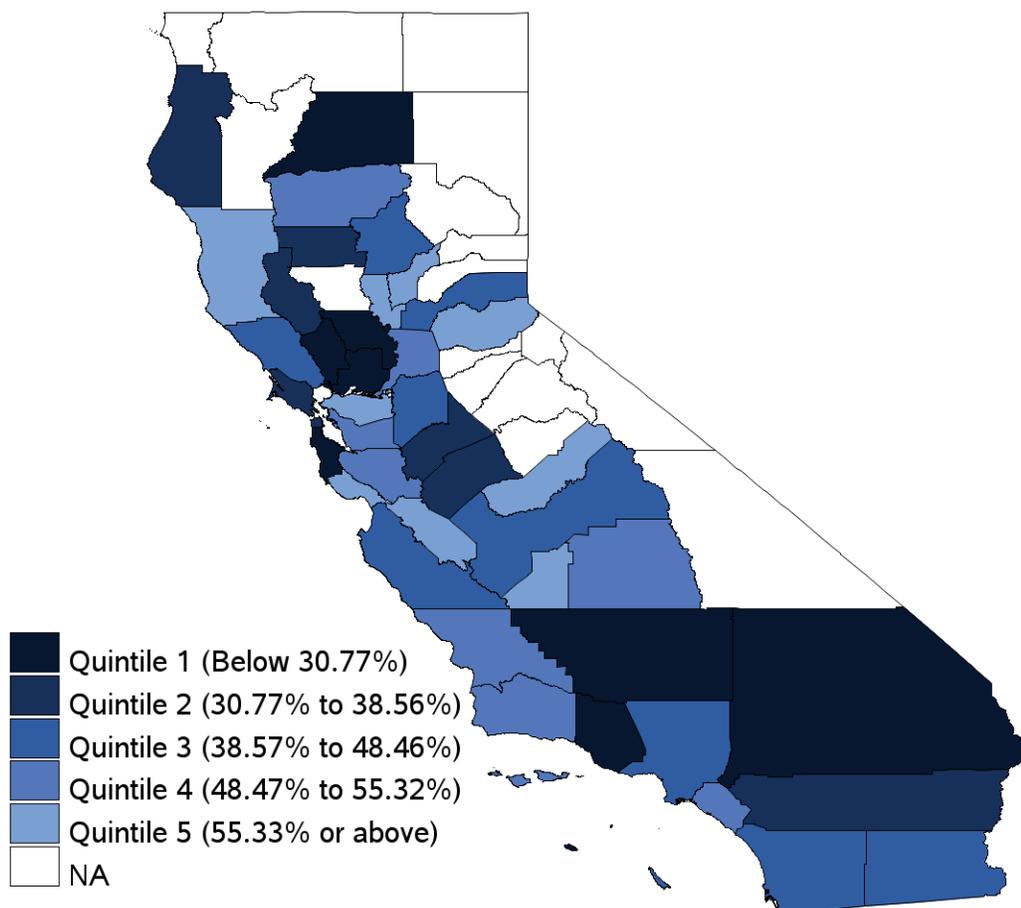


The following are the key findings for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the Southeastern region had low performance for 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—Black or African American* indicator-racial/ethnic group combination.
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
- ◆ Counties in the San Francisco Bay/Sacramento and Southern Coast regions had high performance for 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—Black or African American* indicator-racial/ethnic group combination, making up 100.0 percent of the counties in the top two quintiles.
 - Rates for four of five (80.0 percent) counties with reportable rates (Alameda, Contra Costa, Sacramento, and Santa Clara) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5).
 - Rates for two of three (66.7 percent) counties with reportable rates (Orange and San Diego) in the Southern Coast region were in the top two quintiles.

Figure 3.19—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)—Hispanic or Latino—Current Year Map

Current Rates by County for W30–6—Hispanic or Latino



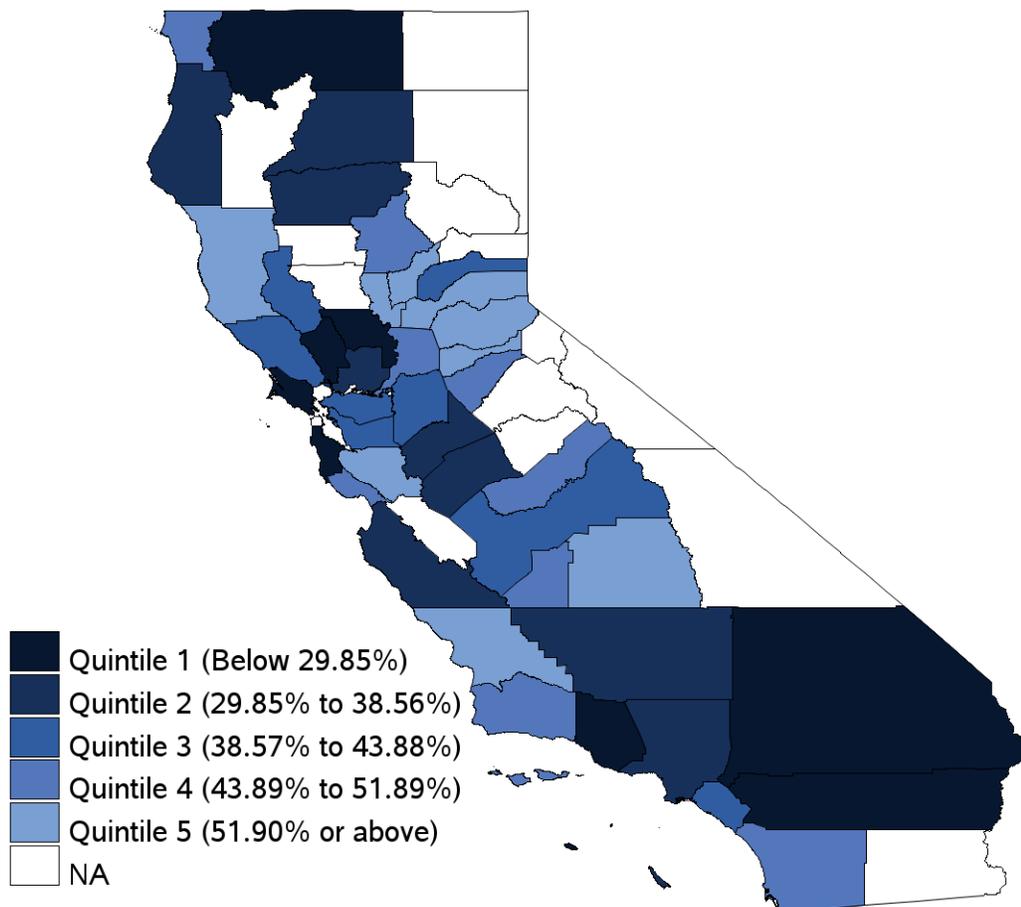
The following are the key findings for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Hispanic or Latino* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had high performance for 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—Hispanic or Latino* indicator-racial/ethnic group combination.
 - Rates for six of 12 (50.0 percent) rural counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5).
- ◆ Counties in the San Francisco Bay/Sacramento and Southeastern regions had low performance for 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—Hispanic or Latino* indicator-racial/ethnic group combination.

- Rates for five of 10 (50.0 percent) counties with reportable rates (Marin, Napa, San Francisco, San Mateo, and Solano) in the San Francisco Bay/Sacramento region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
- Rates for two of three (66.7 percent) counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in the bottom two quintiles. Additionally, rates for these two counties were below the minimum performance level by at least 19 percentage points.
- ◆ Counties in the Central Coast region had high performance for 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—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for four of six (66.7 percent) counties with reportable rates (San Benito, San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast region were in the top two quintiles.

Figure 3.20—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)—White—Current Year Map

Current Rates by County for W30-6—White



The following are the key findings for 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—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had high performance for 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—White* indicator-racial/ethnic group combination.
 - Rates for nine of 14 (64.3 percent) rural counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5), and all rural counties with reportable rates are in the North/Mountain region.
- ◆ Counties in the Southeastern region had low performance for 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—White* indicator-racial/ethnic group combination.

- Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 1. Additionally, rates for both counties were below the minimum performance level by more than a 45 percent relative difference.
- ◆ Counties in the Central Coast and North/Mountain regions had high performance for 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—White* indicator-racial/ethnic group combination.
 - Rates for three of five (60.0 percent) counties with reportable rates (San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast region were in the top two quintiles.
 - Rates for nine of 16 (56.3 percent) counties with reportable rates (Amador, Butte, Calaveras, Del Norte, El Dorado, Mendocino, Placer, Sutter, and Yuba) in the North/Mountain region were in the top two quintiles.

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)

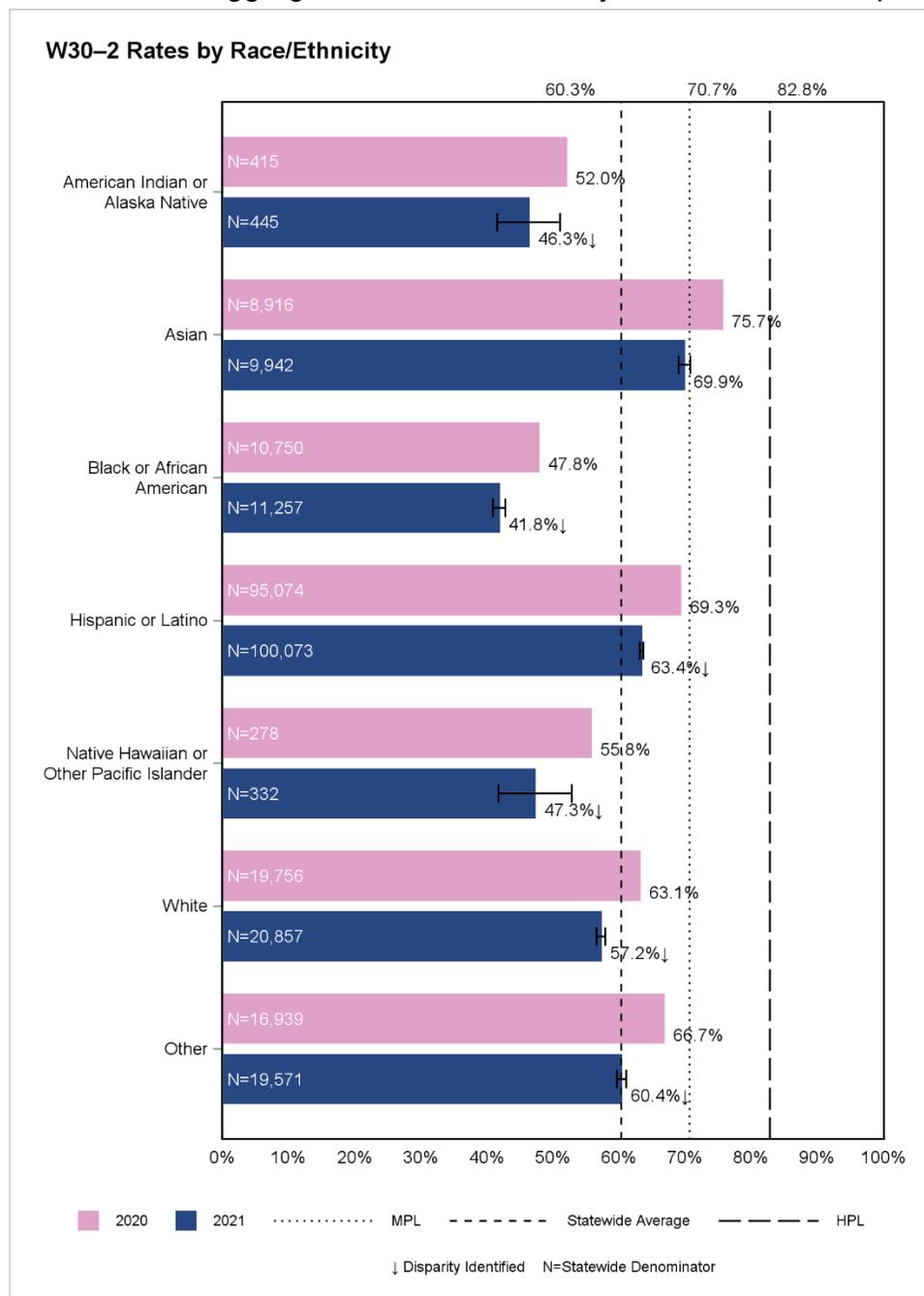
The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)* indicator measures the percentage of children who turned 30 months old during the measurement year who received two or more well-child visits with a PCP. Figure 3.21 through Figure 3.24 display the statewide racial/ethnic and applicable regional-level results for 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 in addition to identified health disparities.

Figure 3.21—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 measurement year 2020 and 2021 rates for the Unknown/Missing group were 61.9 percent (N=20,139) and 55.0 percent (N=24,062), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 66.4 percent.

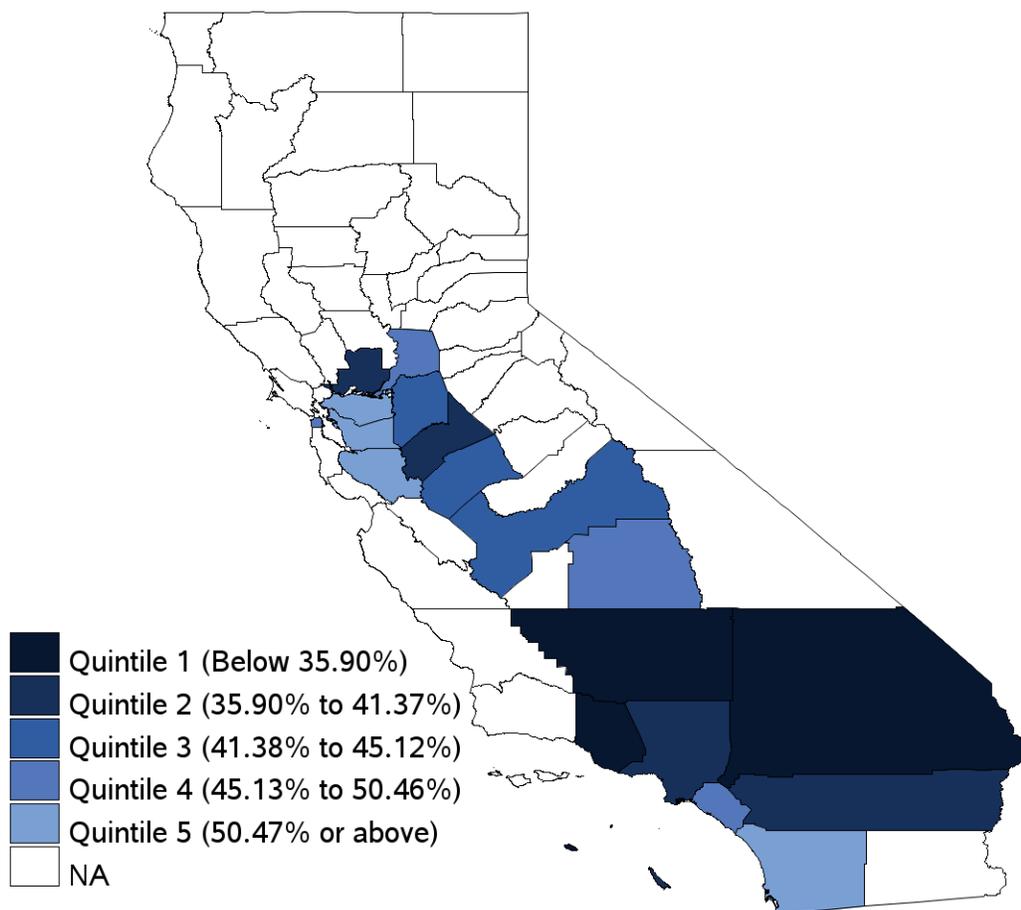


The following key findings were identified for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits For Age 15 Months to 30 Months—Two or More Well-Child Visits* indicator:

- ◆ As this indicator was not tested for disparities in measurement year 2020, all disparities identified were considered new. Given this, six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had a new disparity identified in measurement year 2021.
- ◆ Widespread disparities were identified, with six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) having disparities identified for measurement year 2021.
- ◆ Six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had a large disparity identified for measurement year 2021.

Figure 3.22—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)—Black or African American—Current Year Map

Current Rates by County for W30-2—Black or African American



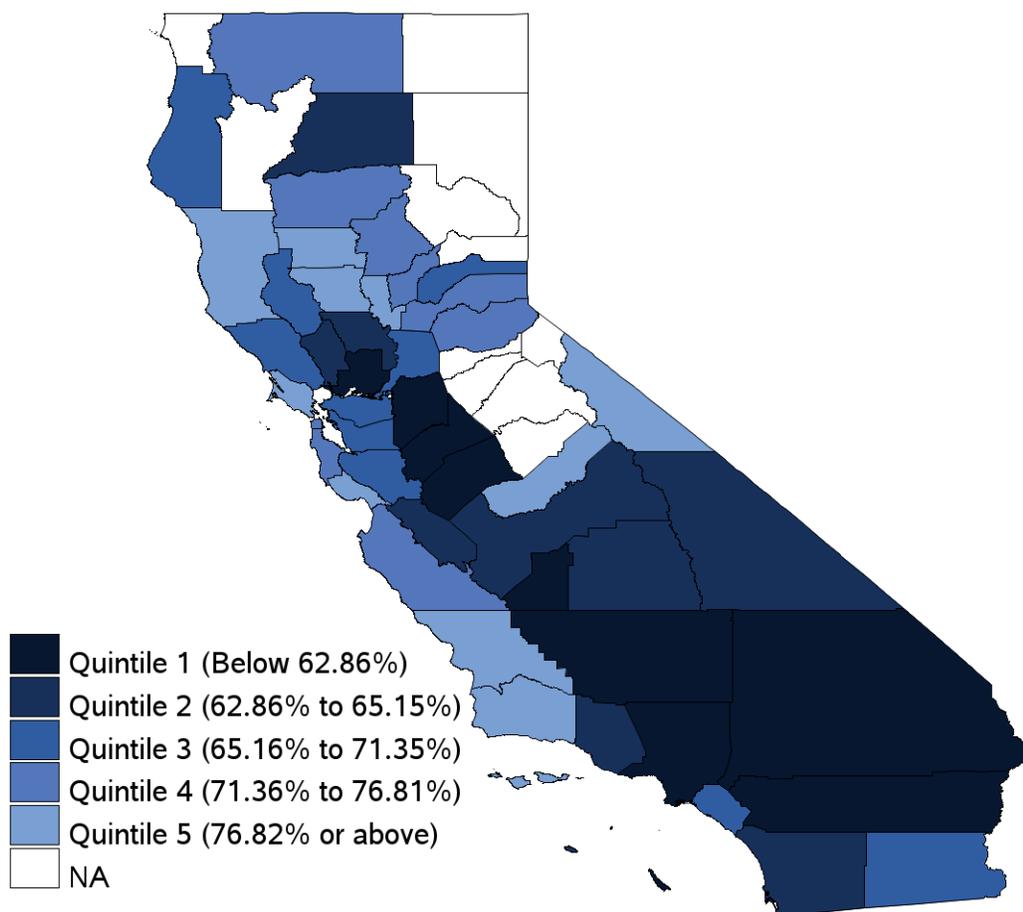
The following are the key findings for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the Central Coast and Southeastern regions had low performance for the *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—Black or African American* indicator-racial/ethnic group combination.
 - The one county with a reportable rate (Ventura) in the Central Coast region was in Quintile 1 and was below the minimum performance level by more than 39 percentage points.
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region had rates in the bottom two quintiles (i.e., Quintiles 1 and 2) and were below the minimum performance level by more than 31 percentage points.

- ◆ Counties in the San Francisco Bay/Sacramento and Southern Coast regions had high performance for the *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—Black or African American indicator-racial/ethnic group combination*.
 - Rates for five of six (83.3 percent) counties with reportable rates (Alameda, Contra Costa, Sacramento, San Francisco, and Santa Clara) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5).
 - Rates for two of three (66.7 percent) counties with reportable rates (Orange and San Diego) in the Southern Coast region were in the top two quintiles.

Figure 3.23—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)—Hispanic or Latino—Current Year Map

Current Rates by County for W30-2—Hispanic or Latino

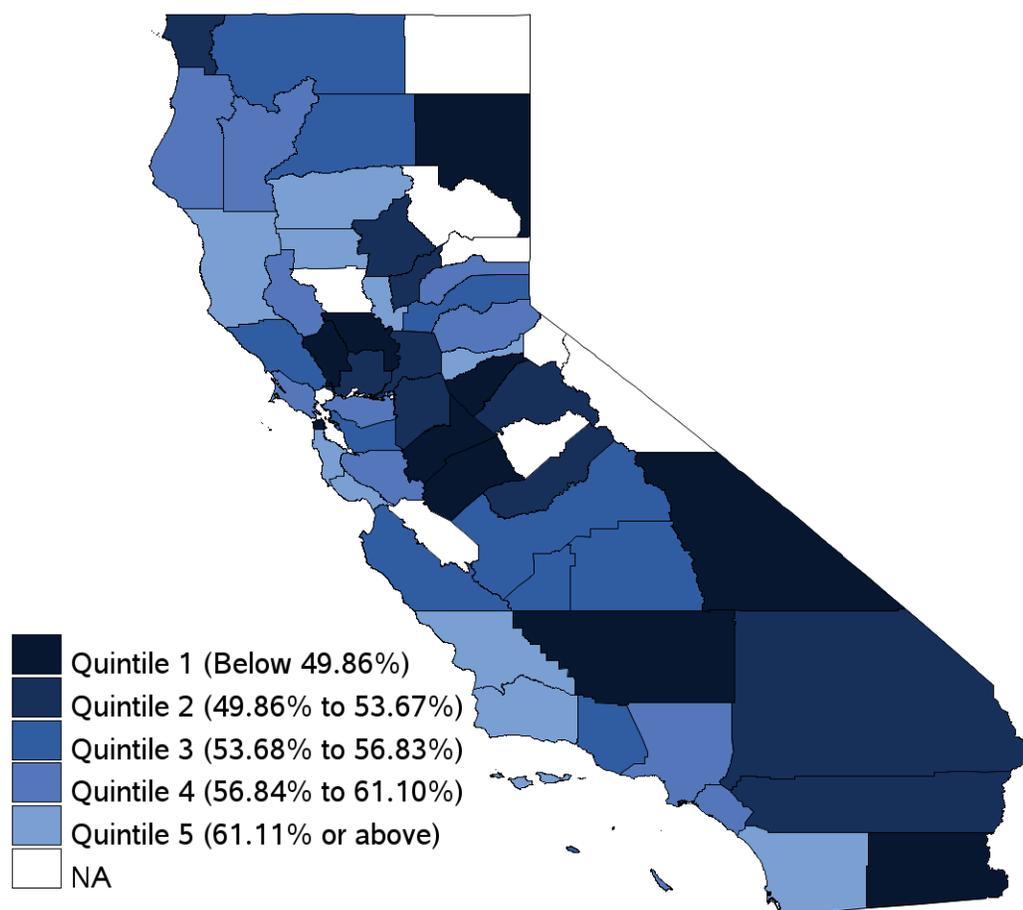


The following are the key findings for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Hispanic or Latino indicator-racial/ethnic group combination regional analysis*:

- ◆ Rural counties had high performance for the *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—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for 11 of 17 (64.7 percent) rural counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5), while rates for 16 of 30 (53.3 percent) urban counties were in the bottom two quintiles (i.e., Quintiles 1 and 2).
- ◆ Counties in the San Joaquin Valley, Southeastern, and Southern Coast regions had low performance for the *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—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for seven of eight (87.5 percent) counties with reportable rates (Fresno, Kern, Kings, Merced, San Joaquin, Stanislaus, and Tulare) in the San Joaquin Valley region were in the bottom two quintiles.
 - Rates for two of three (66.7 percent) counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 1.
 - Rates for two of three (66.7 percent) counties with reportable rates (Los Angeles and San Diego) in the Southern Coast region were in the bottom two quintiles.
- ◆ Counties in the Central Coast and North/Mountain regions had high performance for the *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—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for four of six (66.7 percent) counties with reportable rates (Monterey, San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast region were in the top two quintiles.
 - Rates for 11 of 17 (64.7 percent) counties with reportable rates (Butte, Colusa, El Dorado, Glenn, Mendocino, Mono, Placer, Siskiyou, Sutter, Tehama, and Yuba) in the North/Mountain region were in the top two quintiles.

Figure 3.24—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)—White—Current Year Map

Current Rates by County for W30-2—White



The following are the key findings for the *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—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had high performance for the *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—White* indicator-racial/ethnic group combination.
 - Rates for 10 of 20 (50.0 percent) rural counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5).
- ◆ Counties in the San Joaquin Valley and Southeastern regions had low performance for the *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—White* indicator-racial/ethnic group combination.

- Rates for five of eight (62.5 percent) counties with reportable rates (Kern, Madera, Merced, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
- Rates for all three counties with reportable rates (Imperial, Riverside, and San Bernardino) in the Southeastern region were in the bottom two quintiles.
- ◆ Counties in the Central Coast, North/Mountain, and Southern Coast regions had high performance for the *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—White* indicator-racial/ethnic group combination.
 - Rates for three of five (60.0 percent) counties with reportable rates (San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast region were in Quintile 5.
 - Rates for 50.0 percent of counties in the top two quintiles statewide are in the North/Mountain region.
 - Rates for all three counties with reportable rates (Los Angeles, Orange, and San Diego) in the Southern Coast region were in the top two quintiles.

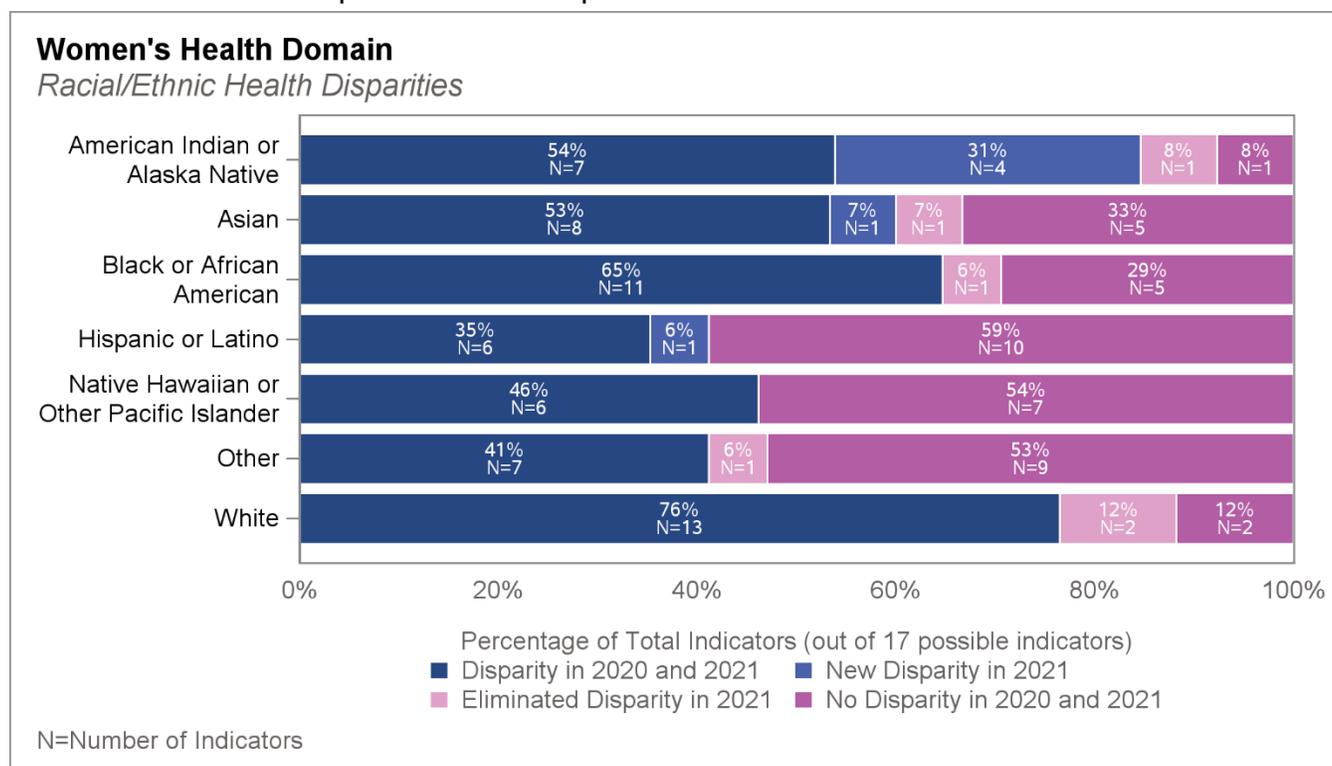
Racial/Ethnic Health Disparities: Women’s Health Domain

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 3.25 displays the percentage and number of Women’s Health domain indicators (out of 17 possible indicators) for which disparities were identified or were not identified for each racial/ethnic group in addition to newly identified and eliminated disparities within the Women’s Health domain.

Figure 3.25—Racial/Ethnic Health Disparities Summary: Women’s Health Domain

Note: Due to small numerators or denominators, the American Indian or Alaska Native (N=13), Asian (N=15), and Native Hawaiian or Other Pacific Islander (N=13) groups were not evaluated for health disparities for all 17 possible indicators.



The following key findings were identified for the Women’s Health Domain:

- ◆ The following persistent disparities improved from measurement year 2020 to measurement year 2021:
 - **Breast Cancer Screening—Total** indicator rates for five of seven (71.4 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American,

Native Hawaiian or Other Pacific Islander, Other, and White) had a persistent, improving disparity identified.

- *Cervical Cancer Screening* indicator rates for two of seven (28.6 percent) racial/ethnic groups (American Indian or Alaska Native and Other) had a persistent, improving disparity identified.
- *Chlamydia Screening in Women—Total* indicator rates for one of seven (14.3 percent) racial/ethnic groups (White) had a persistent, improving disparity identified.
- *Contraceptive Care—All Women—LARC—Ages 15–20 Years and Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Other) had a persistent, improving disparity identified.
- *Contraceptive Care—All Women—LARC—Ages 21–44 Years, Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years, and Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Asian) had a persistent, improving disparity identified.
- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Hispanic or Latino) had a persistent, improving disparity identified.
- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Asian and Black or African American) had a persistent, improving disparity identified.
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Asian and Other) had a persistent, improving disparity identified.
- ◆ The following persistent disparities worsened from measurement year 2020 to measurement year 2021:
 - *Cervical Cancer Screening and Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had a persistent, worsening disparity identified.
 - *Contraceptive Care—All Women—LARC—Ages 15–20 Years* indicator rates for four of seven (57.1 percent) racial/ethnic groups (Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White) had a persistent, worsening disparity identified.
 - *Contraceptive Care—All Women—LARC—Ages 21–44 Years and Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years* indicator rates for four of seven (57.1 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) had a persistent, worsening disparity identified.
 - *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Hispanic or

Latino, Native Hawaiian or Other Pacific Islander, and White) had a persistent, worsening disparity identified.

- *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years and Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years* indicator rates for one of seven (14.3 percent) racial/ethnic groups (White) had a persistent, worsening disparity identified.
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Hispanic or Latino and White) had a persistent, worsening disparity identified.
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years* indicator rates for four of seven (57.1 percent) racial/ethnic groups (Black or African American, Hispanic or Latino, Other, and White) had a persistent, worsening disparity identified.
- *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years* indicator rates for all seven racial/ethnic groups had a persistent, worsening disparity identified.
- *Prenatal and Postpartum Care—Postpartum Care* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Black or African American) had a persistent, worsening disparity identified.
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a persistent, worsening disparity identified.
- ◆ New disparities were identified for four indicators within the Women’s Health Domain.
 - *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Asian) had a new disparity identified.
 - *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years* indicator rates for two of seven (28.6 percent) racial/ethnic groups (American Indian or Alaska Native and Hispanic or Latino) had new disparities identified.
 - *Contraceptive Care—All Women—LARC—Ages 15–20 Years, Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years, and Prenatal and Postpartum Care—Postpartum Care* indicator rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a new disparity identified.
- ◆ Eliminated disparities were identified for six indicators within the Women’s Health Domain.
 - *Cervical Cancer Screening* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Asian) had an eliminated disparity identified.
 - *Chlamydia Screening in Women—Total* indicator rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had an eliminated disparity identified.

- *Contraceptive Care—All Women—LARC—Ages 21–44 Years* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Other) had an eliminated disparity identified.
- *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years* indicator rates for one of seven (14.3 percent) racial/ethnic groups (White) had an eliminated disparity identified.
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had eliminated disparities identified.
- ◆ Widespread disparities were identified for the *Breast Cancer Screening—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—60 Days—Ages 21–44 Years*; *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44*; *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years*; and *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years* indicators and the American Indian or Alaska Native, Asian, and Black or African American racial/ethnic groups.
 - For measurement year 2021, *Breast Cancer Screening—Total* indicator rates for five of seven (71.4 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and White) had disparities identified.
 - For measurement year 2021, *Contraceptive Care—All Women—LARC—Ages 15–20 Years*, *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years*, and *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years* indicator rates for all seven racial/ethnic groups had disparities identified.
 - For measurement year 2021, *Contraceptive Care—All Women—LARC—Ages 21–44 Years* and *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years* indicator rates for five of seven (71.4 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White) had disparities identified.
 - For measurement year 2021, *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years* indicator rates for five of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Hispanic or Latino, Other, and White) had disparities identified.
 - For measurement year 2021, *Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years* indicator rates for five of seven (71.4 percent) racial/ethnic groups (Asian, Black or African American, Hispanic or Latino, Other, and White) had disparities identified.

- For measurement year 2021, *Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years* indicator rates for five of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and White) had disparities identified.
- For measurement year 2021, rates for the White racial/ethnic group had disparities identified for 13 of 17 (76.5 percent) indicators within the Women’s Health domain. Rates for the American Indian or Alaska Native and Black or African American racial/ethnic groups had disparities identified for 11 of 17 (64.7 percent) indicators within the Women’s Health domain. Rates for the Asian racial/ethnic group had disparities identified for nine of 17 (52.9 percent) indicators within the Women’s Health domain.
- ◆ Large disparities were identified for 15 of 17 (88.2 percent) indicators in the Women’s Health domain. The following are the most notable findings:
 - For both measurement years 2020 and 2021, *Breast Cancer Screening—Total* indicator rates for four of seven (57.1 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) had large disparities identified.
 - For both measurement years 2020 and 2021, *Cervical Cancer Screening* indicator rates for two of seven (28.6 percent) racial/ethnic groups (American Indian or Alaska Native and White) had large disparities identified.
 - For measurement year 2021, *Prenatal and Postpartum Care—Postpartum Care* indicator rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a large disparity identified.
 - For both measurement years 2020 and 2021, *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a large disparity identified.
- ◆ Emerging disparities were identified for the following racial/ethnic group indicator rates:
 - *Breast Cancer Screening—Total—Asian*
 - *Prenatal and Postpartum Care—Postpartum Care—Native Hawaiian or Other Pacific Islander*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care—Native Hawaiian or Other Pacific Islander*

Racial/Ethnic Health Disparities: Women’s Health Domain Key Findings

Based on evaluating the results of the key findings above, the following indicators were determined to be key findings for the Women’s Health domain:

- ◆ *Breast Cancer Screening—Total*
- ◆ *Cervical Cancer Screening*
- ◆ *Prenatal and Postpartum Care—Postpartum Care*
- ◆ *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

Please note, the results for the *Contraceptive Care—Postpartum Women* and the *Contraceptive Care—All Women* indicators were not considered to be key findings given that the choice to use contraceptive medications is heavily impacted by member preference; therefore, low rates may not be indicative of poor performance. Please refer to Appendix C for the racial/ethnic rates for these indicators.

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

Figure 3.26 through Figure 3.41 display the racial/ethnic health disparities and applicable regional results for indicators with results determined to be key findings 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 measurement year 2021 statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as rates on top of the figure and as dotted lines in the figure.

Breast Cancer Screening—Total (BCS)

The *Breast Cancer Screening—Total (BCS)* indicator measures the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer. Figure 3.26 through Figure 3.32 display the statewide racial/ethnic and applicable regional-level results for the *Breast Cancer Screening—Total (BCS)* indicator in addition to identified health disparities.

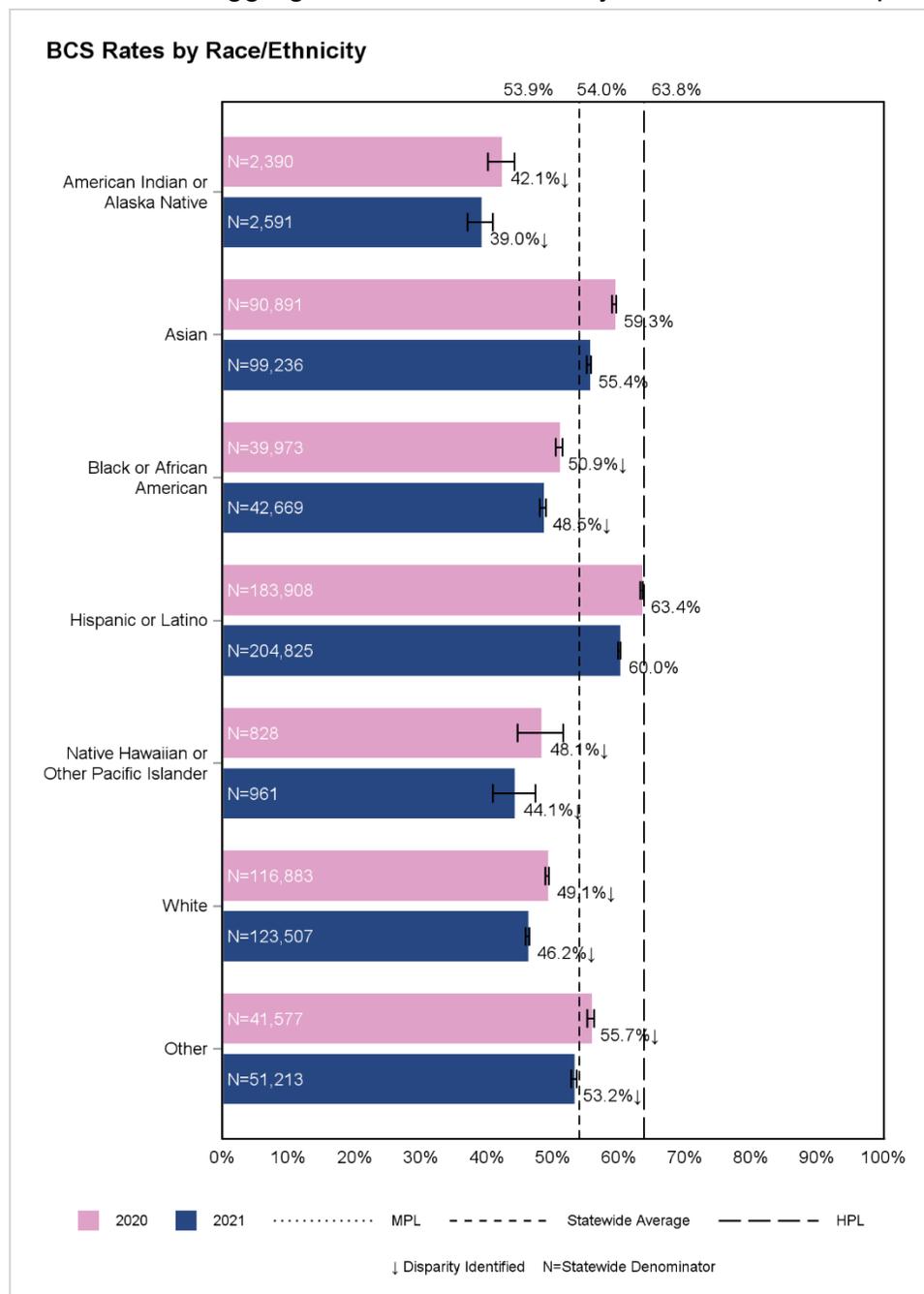
Figure 3.26—Breast Cancer Screening—Total (BCS) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 52.2 percent (N=20,478) and 49.9 percent (N=21,325), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 58.8 percent and 69.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 57.1 percent.



The following key findings were identified for the *Breast Cancer Screening—Total* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for five of seven (71.4 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and White) had a persistent, improving disparity identified, and no persistent disparities worsened.
- ◆ Widespread disparities were identified, with five of seven (71.4 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and White) having disparities identified for measurement year 2021.
- ◆ Four of seven (57.1 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) had large disparities identified in both measurement years 2020 and 2021.
- ◆ While one of seven (14.3 percent) racial/ethnic group rates (Asian) did not have a disparity identified in either measurement year, the Asian racial/ethnic group is at risk of having a disparity emerge in measurement year 2022.
- ◆ No new or eliminated disparities were identified for the *Breast Cancer Screening—Total* indicator.

Figure 3.27—Breast Cancer Screening—Total (BCS)—American Indian or Alaska Native—Current Year Map

Current Rates by County for BCS—American Indian or Alaska Native

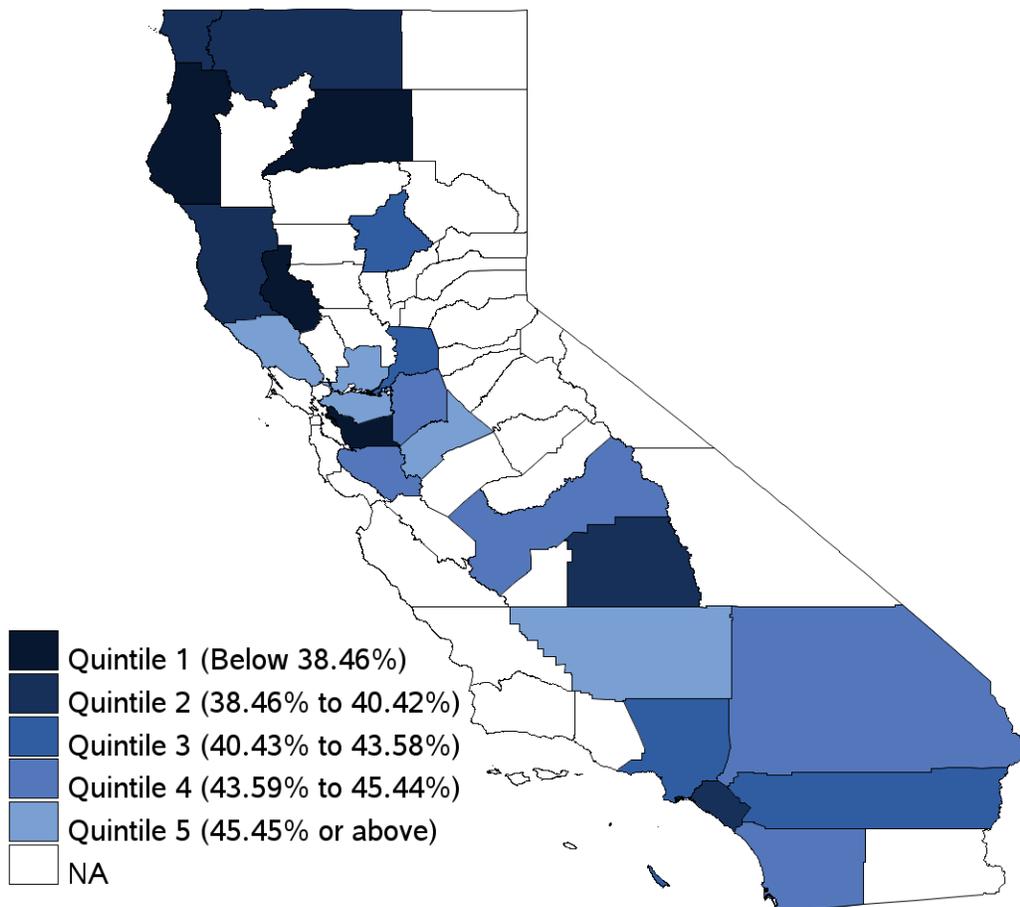
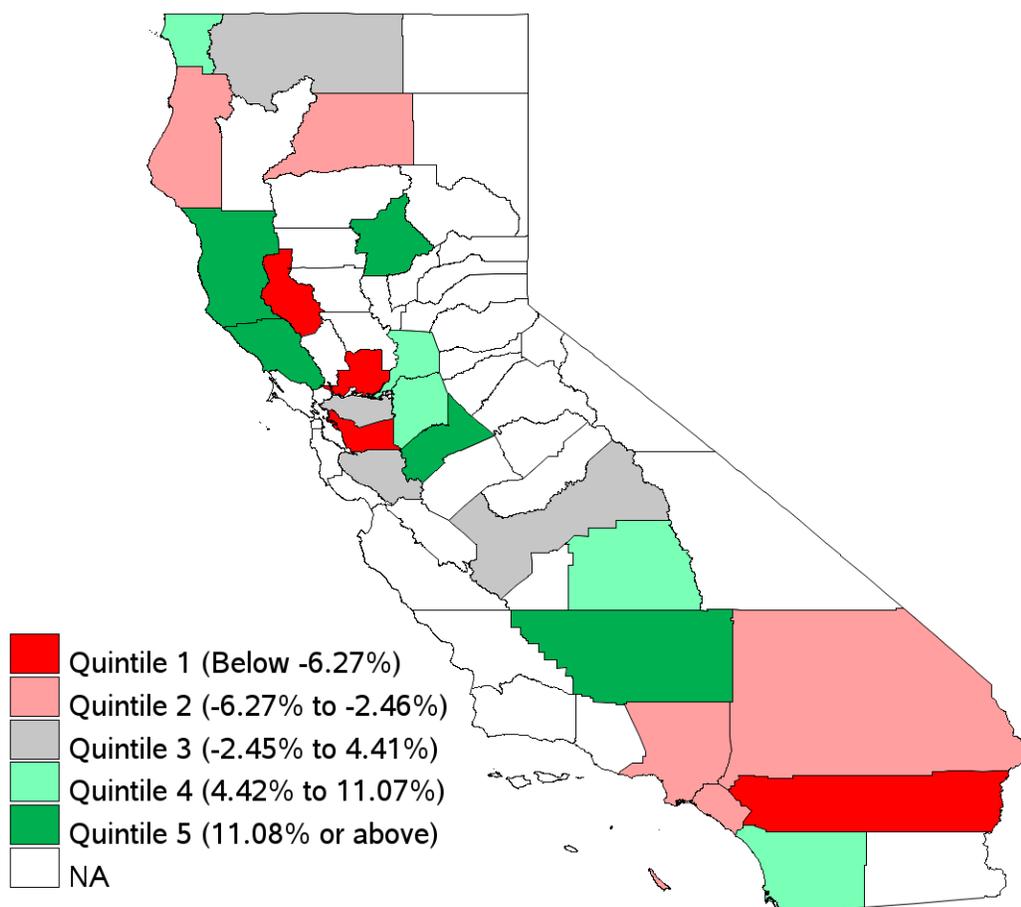


Figure 3.28—Breast Cancer Screening—Total (BCS)—American Indian or Alaska Native—Trending Map

Relative Difference by County for BCS—American Indian or Alaska Native



The following are the key findings for the *Breast Cancer Screening—Total—American Indian or Alaska Native* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the North/Mountain region had low performance for the *Breast Cancer Screening—Total—American Indian or Alaska Native* indicator-racial/ethnic group combination.
 - Rates for six of seven (85.7 percent) counties with reportable rates (Butte, Del Norte, Humboldt, Lake, Mendocino, and Shasta) in the North/Mountain region were in the bottom two quintiles (i.e., Quintiles 1 and 2) for current year performance. While three of the six counties (Butte, Del Norte, and Mendocino) were in the top two quintiles for trending results, the rates for the American Indian or Alaska Native racial/ethnic group within these counties were still below the minimum performance level by at least 10 percentage points.

- ◆ Counties in the San Francisco Bay/Sacramento and San Joaquin Valley regions had high performance for the *Breast Cancer Screening—Total—American Indian or Alaska Native* indicator-racial/ethnic group combination.
 - Rates for four of six (66.7 percent) counties with reportable rates (Contra Costa, Santa Clara, Solano, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5) for current year performance. Of note, the rate for the American Indian or Alaska Native racial/ethnic group in Solano County declined by more than a 20 percent relative difference from measurement year 2020 to measurement year 2021.
 - Rates for four of five (80.0 percent) counties with reportable rates (Fresno, Kern, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the top two quintiles for current year performance. Additionally, rates for three of these four (75.0 percent) counties (Kern, San Joaquin, and Stanislaus) improved from measurement year 2020 to 2021 and were in the top two quintiles for trending results.

Figure 3.29—Breast Cancer Screening—Total (BCS)—Black or African American—Current Year Map

Current Rates by County for BCS—Black or African American

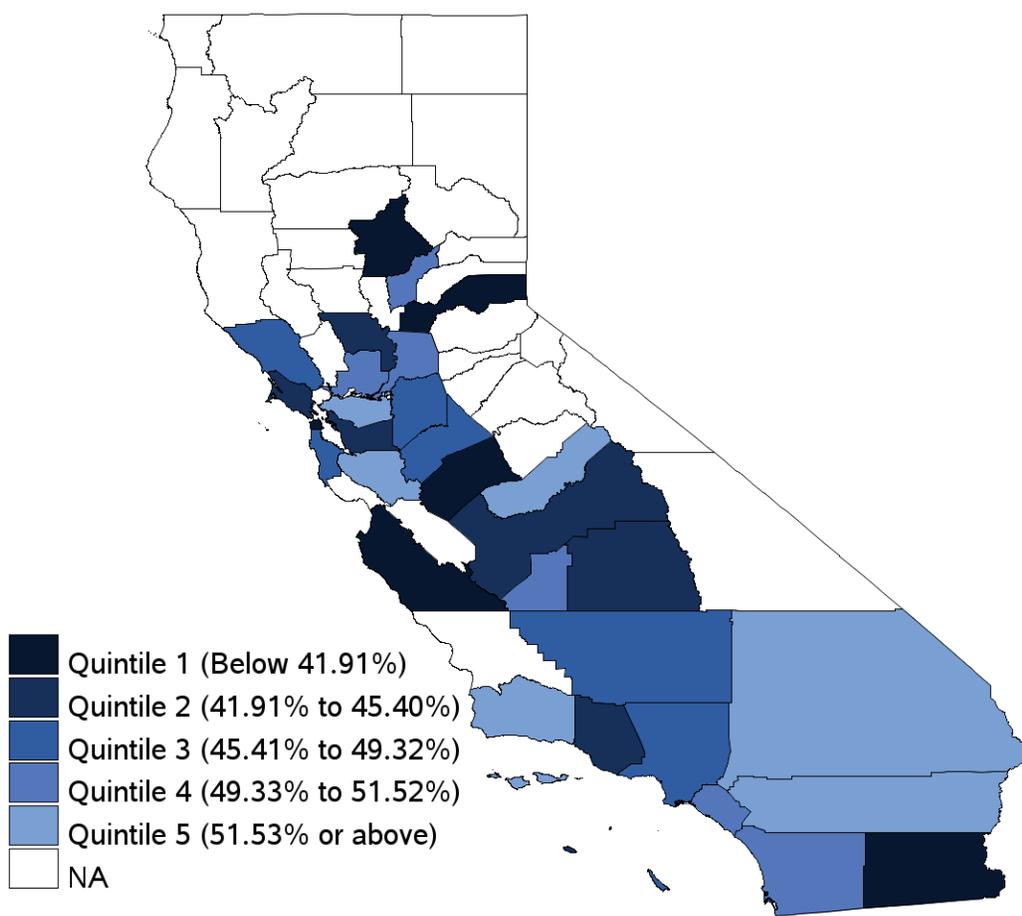
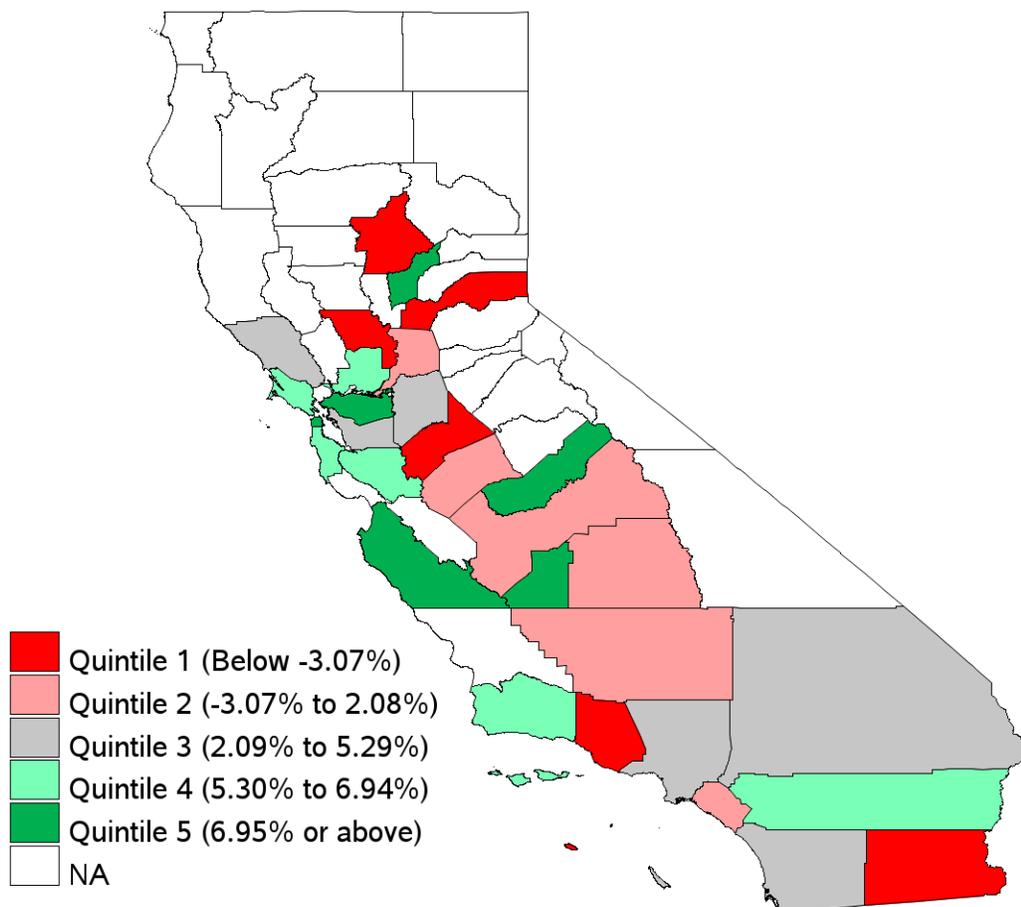


Figure 3.30—Breast Cancer Screening—Total (BCS)—Black or African American—Trending Map

Relative Difference by County for BCS—Black or African American



The following are the key findings for the *Breast Cancer Screening—Total—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had low performance for the *Breast Cancer Screening—Total—Black or African American* indicator-racial/ethnic group combination.
 - Rates for three of four (75.0 percent) rural counties with reportable rates (Butte, Imperial, and Placer) were in the bottom two quintiles (i.e., Quintiles 1 and 2) for current year and trending performance.
- ◆ Counties in the Central Coast, North/Mountain, and San Joaquin Valley regions had low performance for the *Breast Cancer Screening—Total—Black or African American* indicator-racial/ethnic group combination.
 - Rates for two of three (66.7 percent) counties with reportable rates (Monterey and Ventura) in the Central Coast region were in the bottom two quintiles for current year performance. Additionally, the rate for Ventura county decreased and was in Quintile 1 for trending results.

- Rates for three of four (75.0 percent) counties with reportable rates (Butte, Placer, and Yolo) in the North/Mountain region were in the bottom two quintiles for current year and trending performance.
- While rates for only three of eight (37.5 percent) counties with reportable rates (Fresno, Merced, and Tulare) in the San Joaquin Valley region were in the bottom two quintiles for current year performance, rates for five of eight (62.5 percent) counties were in the bottom two quintiles for trending performance.
- ◆ Counties in the San Francisco Bay/Sacramento, Southeastern, and Southern Coast regions had high performance for the *Breast Cancer Screening—Total—Black or African American* indicator-racial/ethnic group combination.
 - While rates for only four of nine (44.4 percent) counties with reportable rates (Contra Costa, Sacramento, Santa Clara, and Solano) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5) for current year performance, rates for six of nine (66.7 percent) counties were in the top two quintiles for trending performance.
 - Rates for two of three (66.7 percent) counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5 for current year performance. Additionally, the current year rates for these two counties were above the minimum performance level for measurement year 2021. Only one other county (Contra Costa) in the San Francisco Bay/Sacramento region was above the minimum performance level.
 - Rates for two of three (66.7 percent) counties with reportable rates (Orange and San Diego) in the Southern Coast region were in Quintile 4 for current year performance.

Figure 3.31—Breast Cancer Screening—Total (BCS)—White—Current Year Map
Current Rates by County for BCS—White

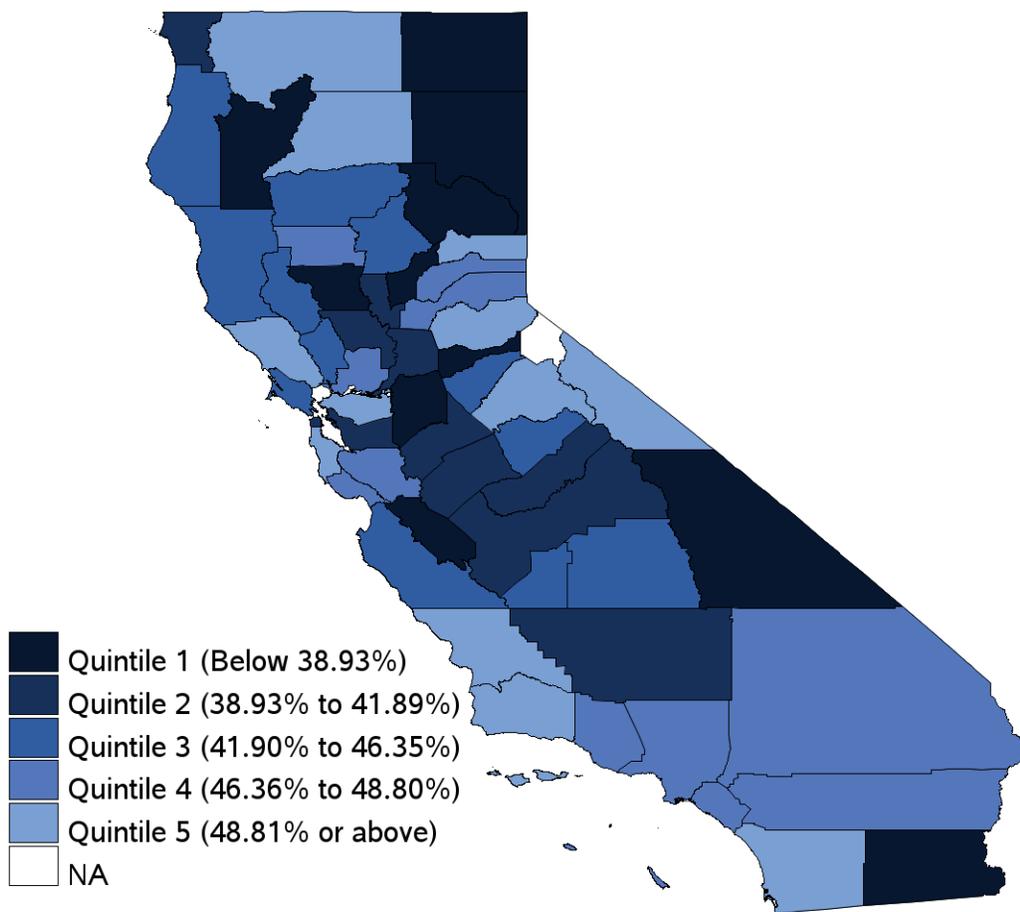
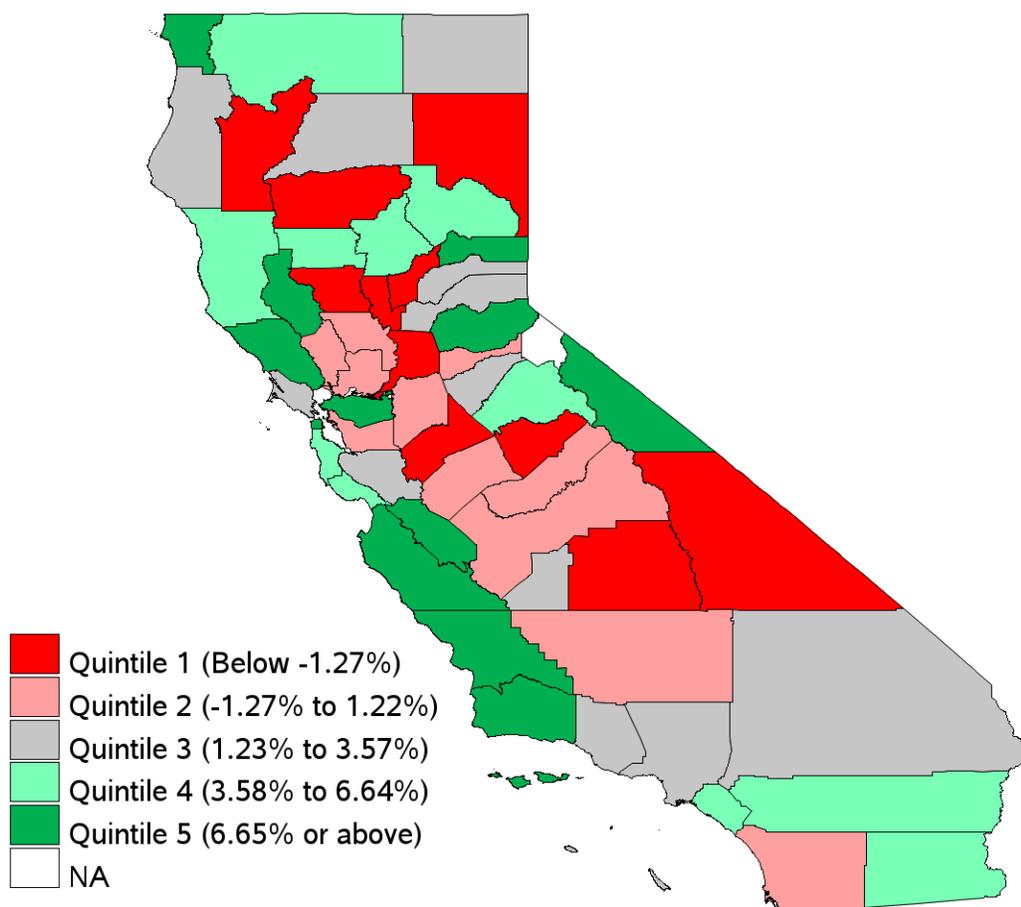


Figure 3.32—Breast Cancer Screening—Total (BCS)—White—Trending Map

Relative Difference by County for BCS—White



The following are the key findings for the *Breast Cancer Screening—Total—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the North/Mountain and San Joaquin Valley regions had low performance for the *Breast Cancer Screening—Total—White* indicator-racial/ethnic group combination.
 - While rates for only 11 of 27 (40.7 percent) counties with reportable rates (Amador, Colusa, Del Norte, Inyo, Lassen, Modoc, Plumas, Sutter, Trinity, Yolo, and Yuba) in the North/Mountain region were in the bottom two quintiles (i.e., Quintiles 1 and 2) for current year performance, eight of the 11 (72.7 percent) counties (Amador, Colusa, Inyo, Lassen, Modoc, Plumas, Trinity, and Yuba) in Quintile 1 are in the North/Mountain region.
 - Rates for six of eight (75.0 percent) counties with reportable rates (Fresno, Kern, Madera, Merced, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles for current year performance and trending results.

- ◆ Counties in the Central Coast, San Francisco Bay/Sacramento, Southeastern, and Southern Coast regions had high performance for the *Breast Cancer Screening—Total—White* indicator-racial/ethnic group combination.
 - Rates for four of six (66.7 percent) counties with reportable rates (San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura) in the Central Coast region were in the top two quintiles for current year performance. Additionally, rates for five of six (83.3 percent) counties (Monterey, San Benito, San Luis Obispo, Santa Barbara, and Santa Cruz) were in the top two quintiles for trending results.
 - Rates for five of 10 (50.0 percent) counties with reportable rates (Contra Costa, San Mateo, Santa Clara, Solano, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles for current year results. Additionally, rates for four of 10 (40.0 percent) counties (Contra Costa, San Francisco, San Mateo, and Sonoma) were in the top two quintiles for trending results.
 - Rates for two of three (66.7 percent) counties (Riverside and San Bernardino) in the Southeastern region were in Quintile 4 for current year performance. Additionally, rates for two of three (66.7 percent) counties (Imperial and Riverside) were in Quintile 4 for trending results.
 - Rates for all three counties with reportable rates (Los Angeles, Orange, and San Diego) in the Southern Coast region were in the top two quintiles for current year performance. Additionally, rates for one of these counties (Orange) was in Quintile 4 for current year and trending results.

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 3.33 through Figure 3.37 display the statewide racial/ethnic and applicable regional-level results for the *Cervical Cancer Screening (CCS)* indicator in addition to identified health disparities.

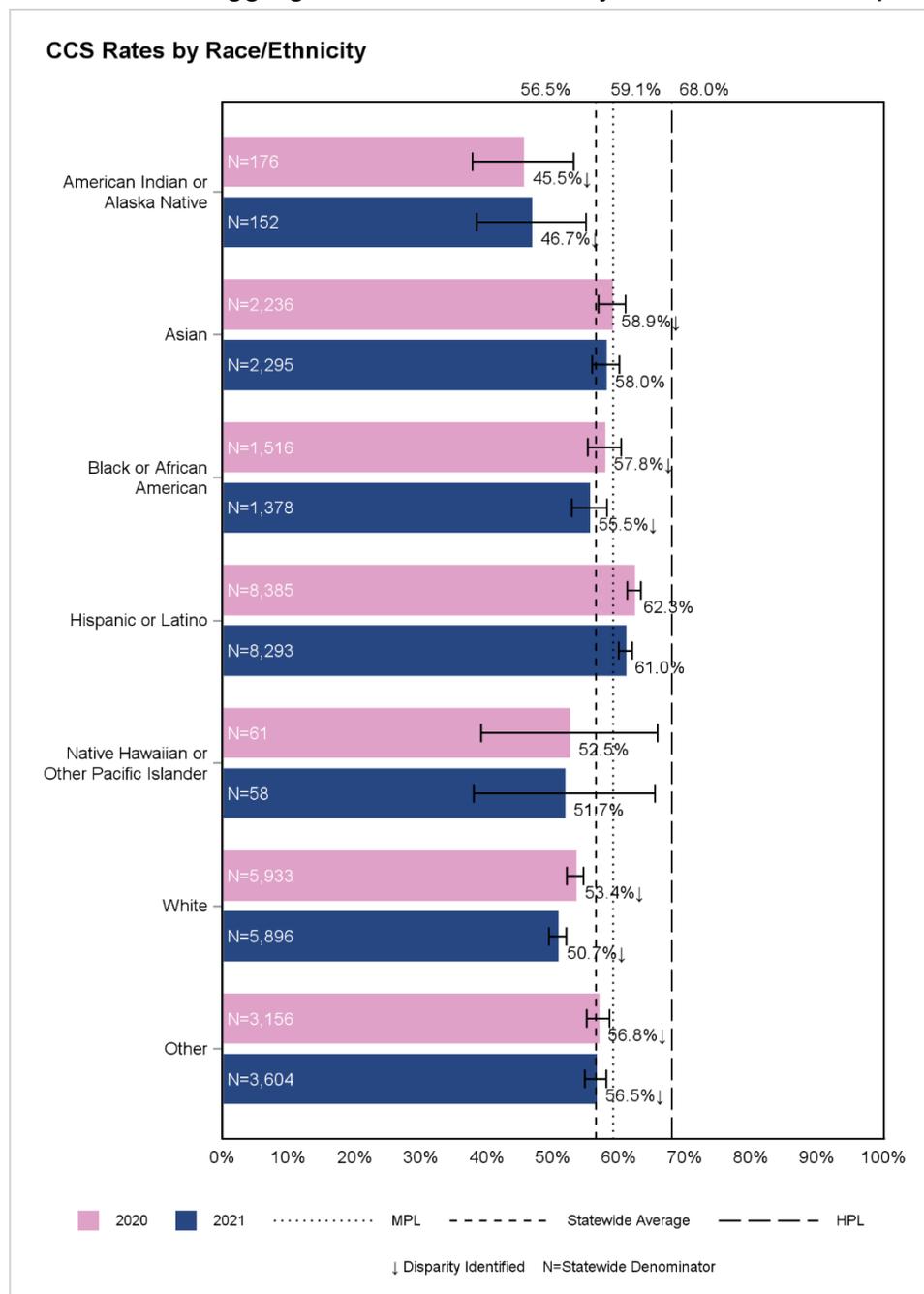
Figure 3.33—Cervical Cancer Screening (CCS) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 55.1 percent (N=668) and 51.3 percent (N=729), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 61.3 percent and 72.7 percent, respectively.

The statewide aggregate for measurement year 2020 was 58.1 percent.



The following key findings were identified for the *Cervical Cancer Screening* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for four of seven (57.1 percent) racial/ethnic groups had a persistent disparity identified. Of these persistent disparities, two racial/ethnic group rates improved (American Indian or Alaska Native and Other) and two worsened (Black or African American and White).
- ◆ One of seven (14.3 percent) racial/ethnic group rates (Asian) had an eliminated disparity identified.
- ◆ Two of seven (28.6 percent) racial/ethnic group rates (American Indian or Alaska Native and White) had a large disparity identified in both measurement years 2020 and 2021.
- ◆ No new, widespread, or emerging disparities were identified for the *Cervical Cancer Screening* indicator.

Figure 3.34—Cervical Cancer Screening (CCS)—Black or African American—Current Year Map

Current Rates by County for CCS—Black or African American

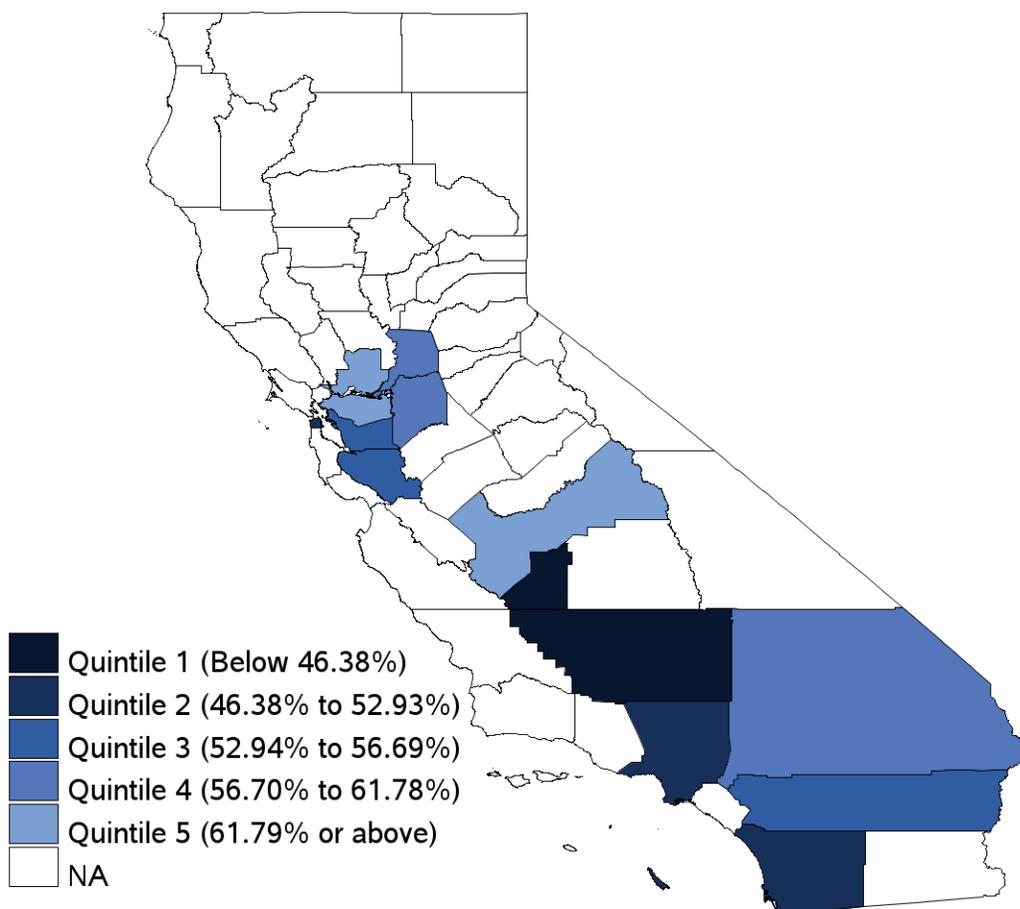
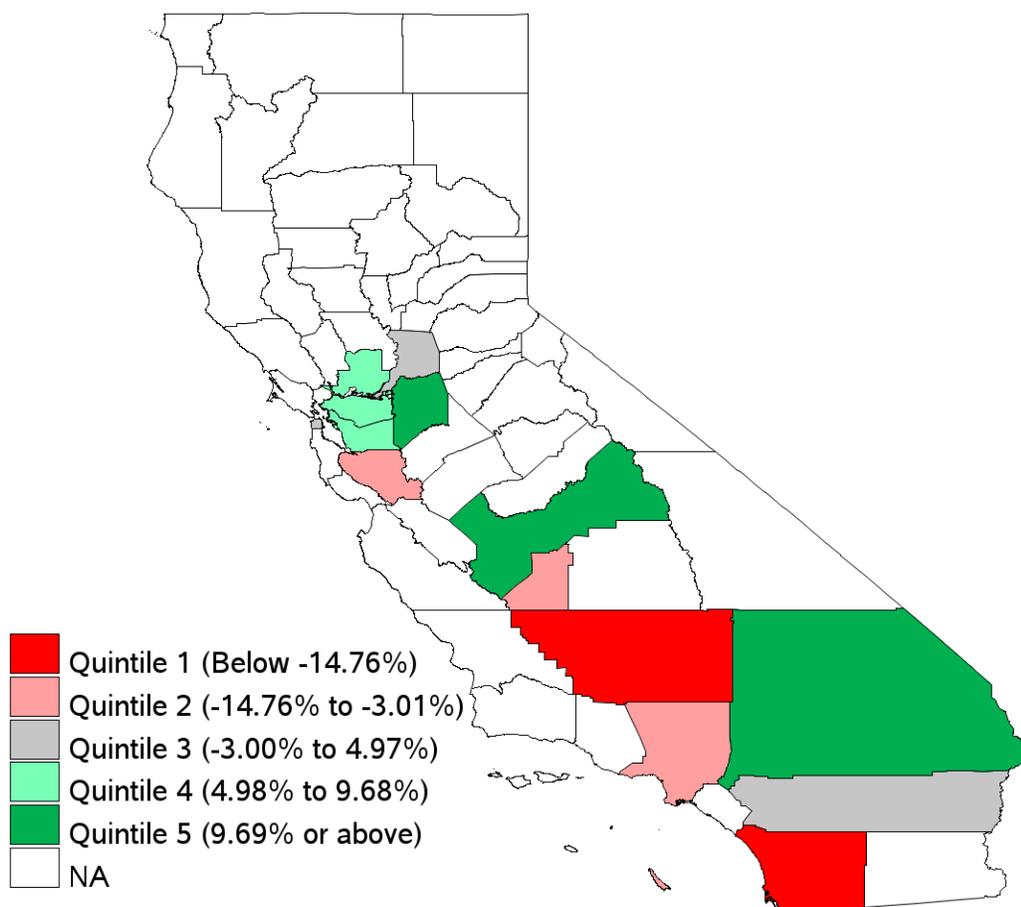


Figure 3.35—Cervical Cancer Screening (CCS)—Black or African American—Trending Map

Relative Difference by County for CCS—Black or African American



The following are the key findings for the *Cervical Cancer Screening—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the Southern Coast region had low performance for the *Cervical Cancer Screening—Black or African American* indicator-racial/ethnic group combination.
 - Rates for the two counties with reportable rates (Los Angeles and San Diego) in the Southern Coast region were in Quintile 2 for current year performance. Additionally, the rates for both counties were in the bottom two quintiles (i.e., Quintiles 1 and 2) for trending results.
- ◆ Counties in the San Francisco Bay/Sacramento and San Joaquin Valley regions had high performance for the *Cervical Cancer Screening—Black or African American* indicator-racial/ethnic group combination.
 - Three of six (50.0 percent) counties with reportable rates (Contra Costa, Sacramento, and Solano) in the San Francisco Bay/Sacramento region were in the top two quintiles for current year performance. Additionally, rates for three of six (50.0 percent) counties

with reportable rates (Alameda, Contra Costa, and Solano) were in Quintile 4 for trending performance.

- Rates for two of four (50.0 percent) counties with reportable rates (Fresno and San Joaquin) in the San Joaquin Valley region were in the top two quintiles for current year performance and in Quintile 5 for trending results. However, the remaining two counties (Kern and Kings) had rates in the bottom quintile for current year performance and the bottom two quintiles for trending results.

Figure 3.36—Cervical Cancer Screening (CCS)—White—Current Year Map

Current Rates by County for CCS—White

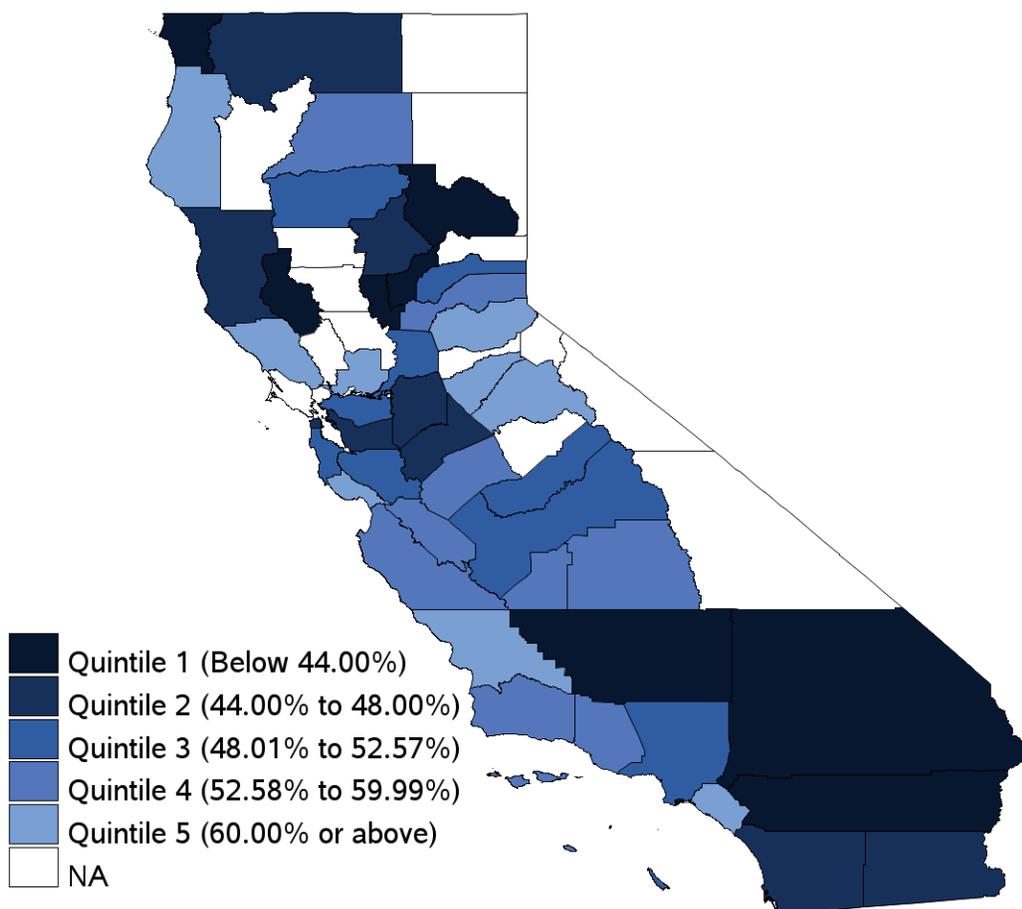
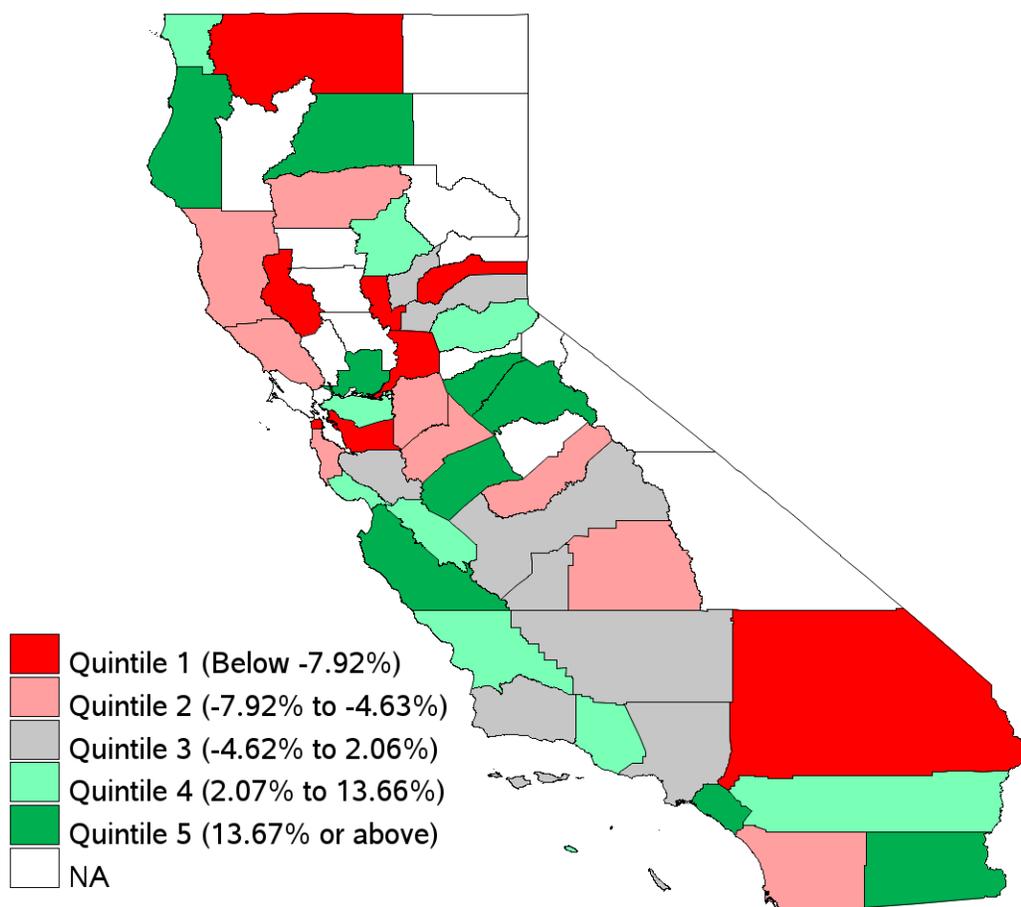


Figure 3.37—Cervical Cancer Screening (CCS)—White—Trending Map

Relative Difference by County for CCS—White



The following are the key findings for the *Cervical Cancer Screening—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the Southeastern region had low performance for the *Cervical Cancer Screening—White* indicator-racial/ethnic group combination.
 - All three counties with reportable rates (Imperial, Riverside, and San Bernardino) in the Southeastern region had rates in the bottom two quintiles (i.e., Quintiles 1 and 2) for current year performance. While the rates for Imperial and Riverside counties were in the top two quintiles (i.e., Quintiles 4 and 5) for trending results, performance was below the minimum performance level by at least 12 percentage points for measurement year 2021.
- ◆ Counties in the Central Coast region had high performance for the *Cervical Cancer Screening—White* indicator-racial/ethnic group combination.
 - All six counties with reportable rates (Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura) in the Central Coast region had rates in the top two quintiles for current year performance. Of note, the rate for Monterey County improved

by more than a 15 percent relative difference from measurement year 2020 to measurement year 2021 and was in the top quintile for trending results.

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 3.38 through Figure 3.40 display the statewide racial/ethnic and applicable regional-level results for the *Prenatal and Postpartum Care—Postpartum Care (PPC–Pst)* indicator in addition to identified health disparities.

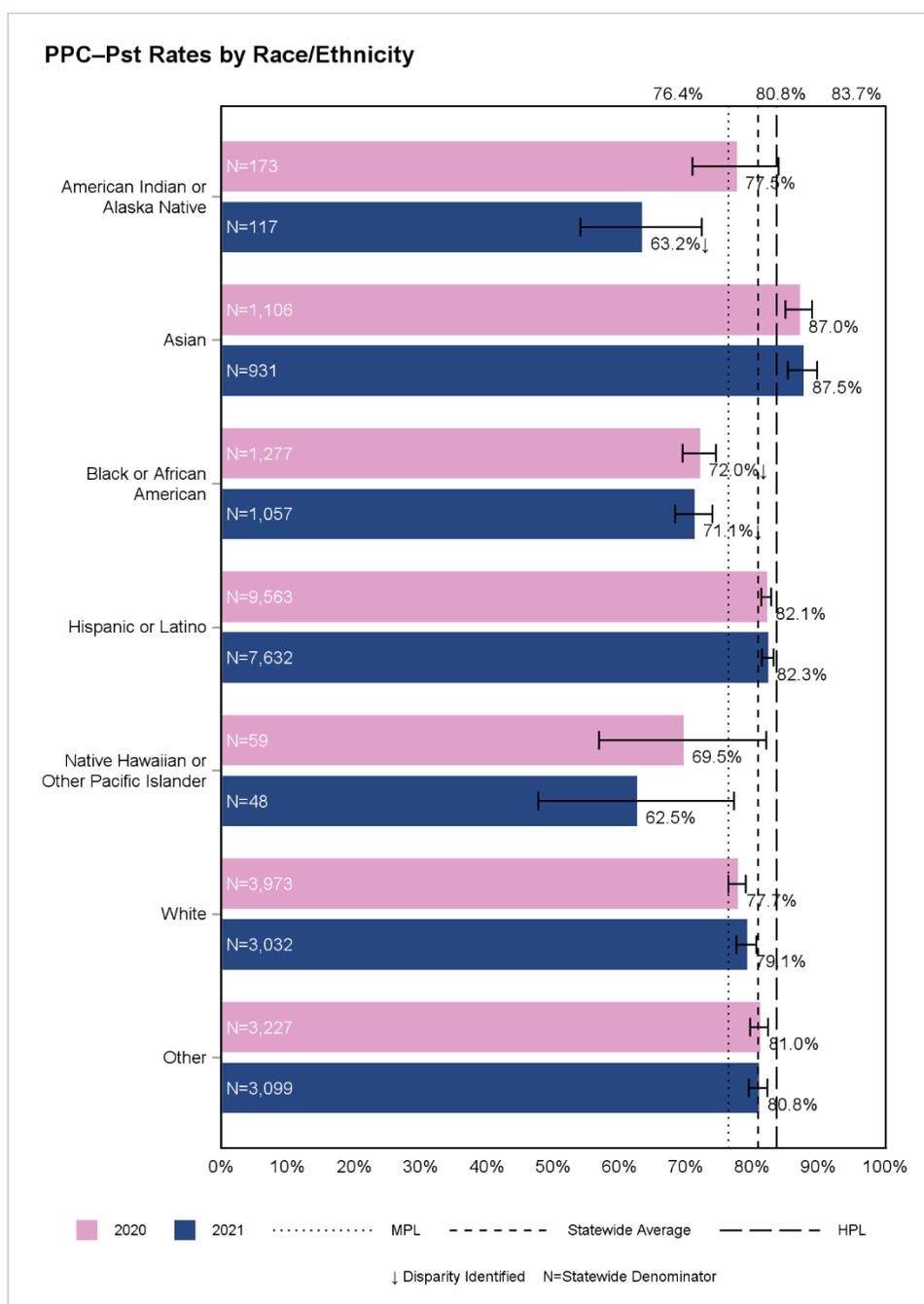
Figure 3.38—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 80.5 percent (N=518) and 83.6 percent (N=409), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 76.4 percent and 84.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 80.5 percent.



The following key findings were identified for the *Prenatal and Postpartum Care—Postpartum Care* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for one of seven (14.3 percent) racial/ethnic groups (Black or African American) had a persistent, worsening disparity identified, and no persistent disparities improved.
- ◆ One of seven (14.3 percent) racial/ethnic group rates (American Indian or Alaska Native) had a new disparity identified in measurement year 2021.

- ◆ One of seven (14.3 percent) racial/ethnic group rates (American Indian or Alaska Native) had a large disparity identified for measurement year 2021.
- ◆ While one racial/ethnic group rate (Native Hawaiian or Other Pacific Islander) did not have a disparity identified in either measurement year, the Native Hawaiian or Other Pacific Islander racial/ethnic group is at risk of having a disparity emerge in measurement year 2022.
- ◆ No eliminated or widespread disparities were identified for the *Prenatal and Postpartum Care—Postpartum Care* indicator.

Figure 3.39—Prenatal and Postpartum Care—Postpartum Care (PPC-Pst)—Black or African American—Current Year Map

Current Rates by County for PPC-Pst—Black or African American

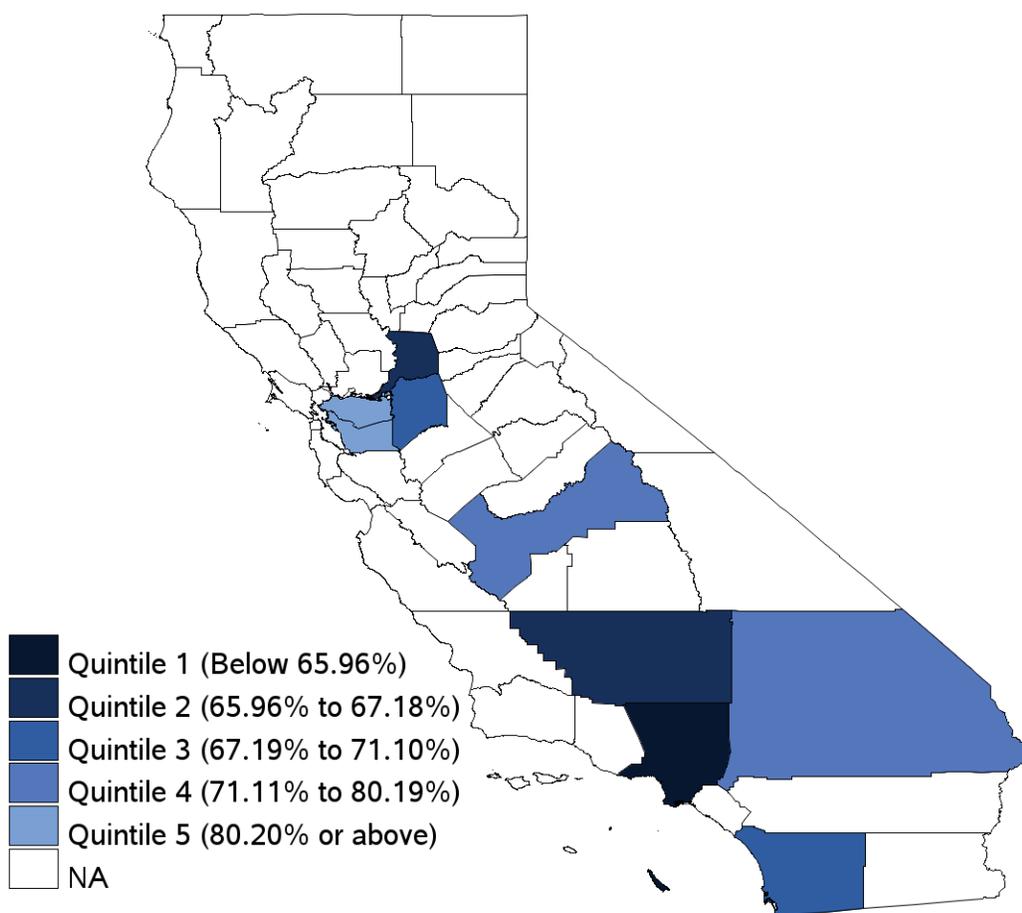
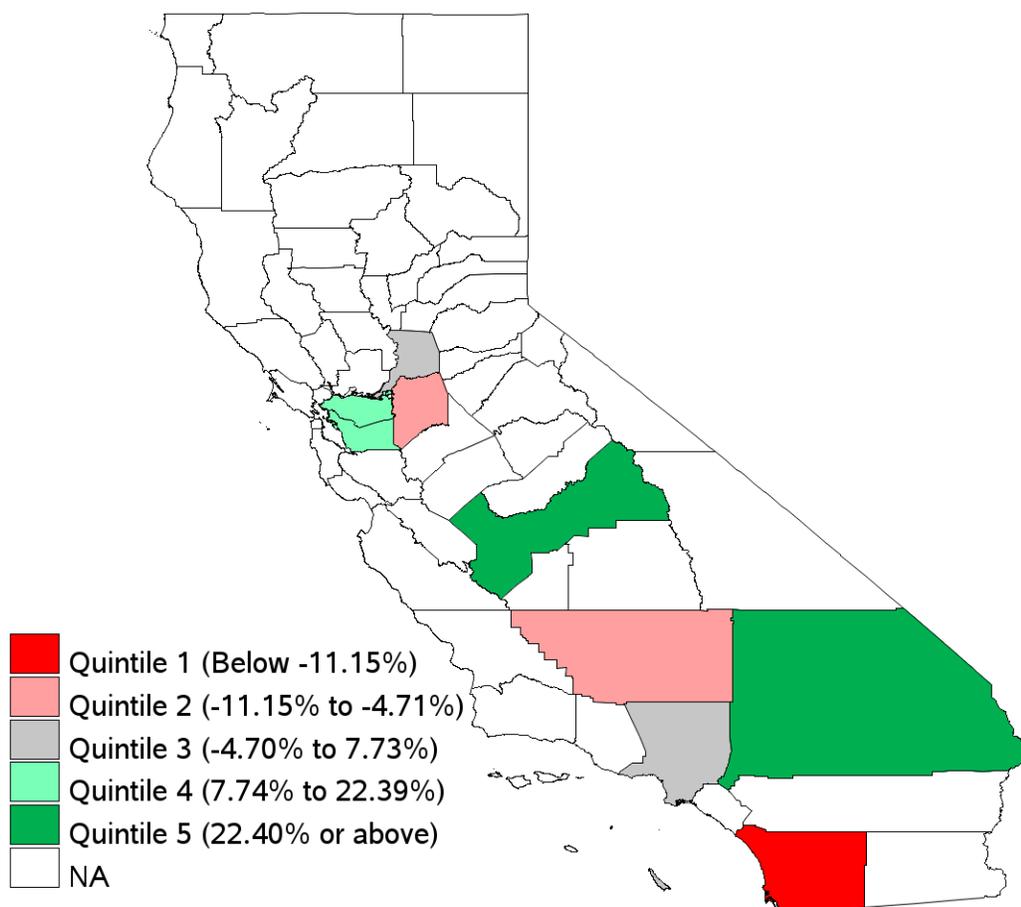


Figure 3.40—Prenatal and Postpartum Care—Postpartum Care (PPC-Pst)—Black or African American—Trending Map

Relative Difference by County for PPC-Pst—Black or African American



The following are the key findings for the *Prenatal and Postpartum Care—Postpartum Care—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Francisco Bay/Sacramento region had high performance for the *Prenatal and Postpartum Care—Postpartum Care—Black or African American* indicator-racial/ethnic group combination.
 - Two of three (66.7 percent) counties with reportable rates (Alameda and Contra Costa) in the San Francisco Bay/Sacramento region were in the top quintile for current year performance and in Quintile 4 for trending results.
- ◆ Of note, the four counties (Alameda, Contra Costa, San Bernardino, and Fresno) in the top two quintiles (i.e., Quintiles 4 and 5) for current year performance were also in the top two quintiles for trending results.

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 3.41 displays the statewide racial/ethnic and applicable regional-level results for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre)* indicator in addition to identified health disparities.

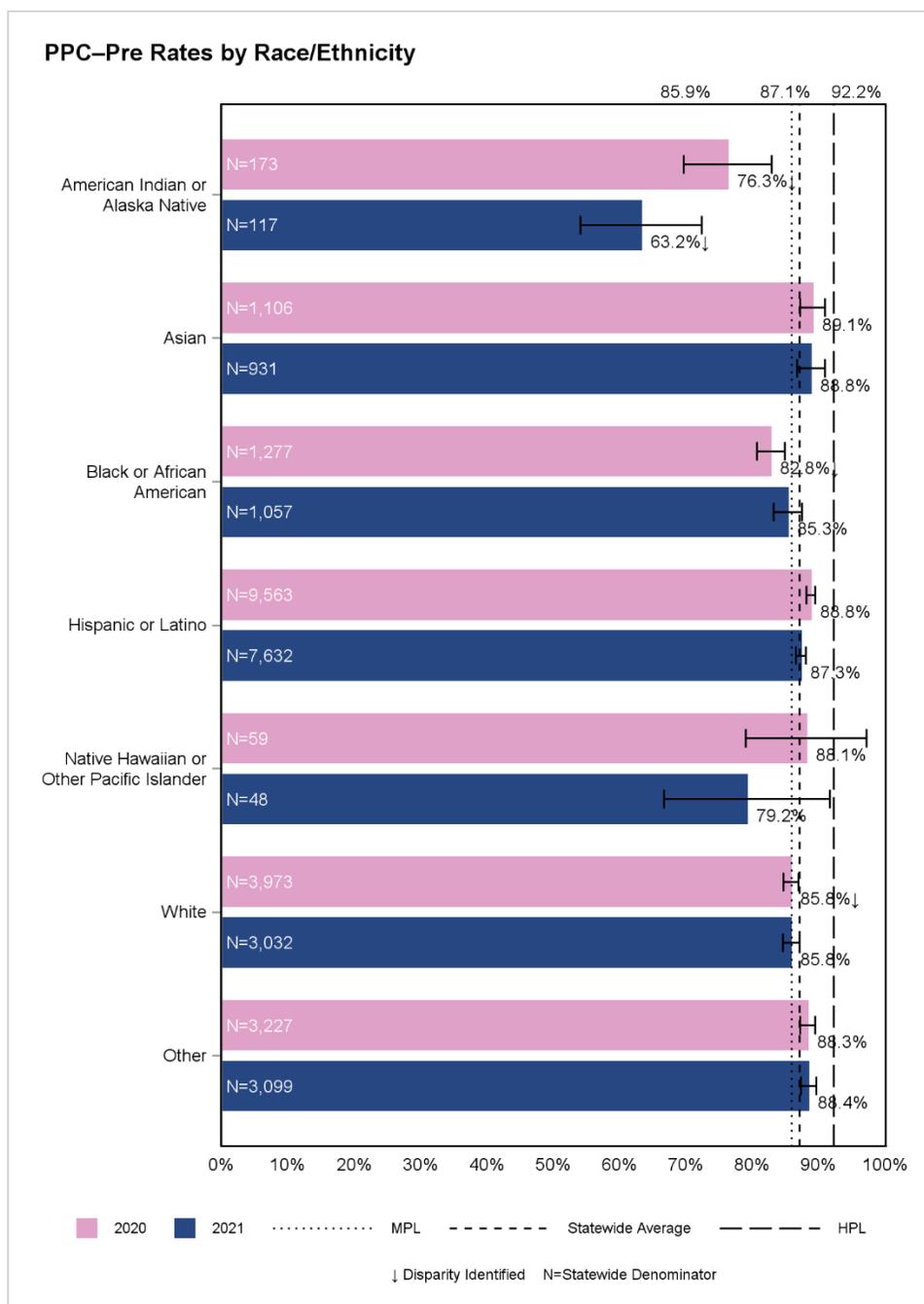
Figure 3.41—Prenatal and Postpartum Care—Prenatal Care (PPC–Pre) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 87.6 percent (N=518) and 89.5 percent (N=409), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 89.1 percent and 95.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 87.6 percent.



The following key findings were identified for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for one of seven (14.3 percent) racial/ethnic groups (American Indian or Alaska Native) had a persistent, worsening disparity identified, and no persistent disparities improved.
- ◆ Two of seven (28.6 percent) racial/ethnic group rates (Black or African American and White) had an eliminated disparity identified.

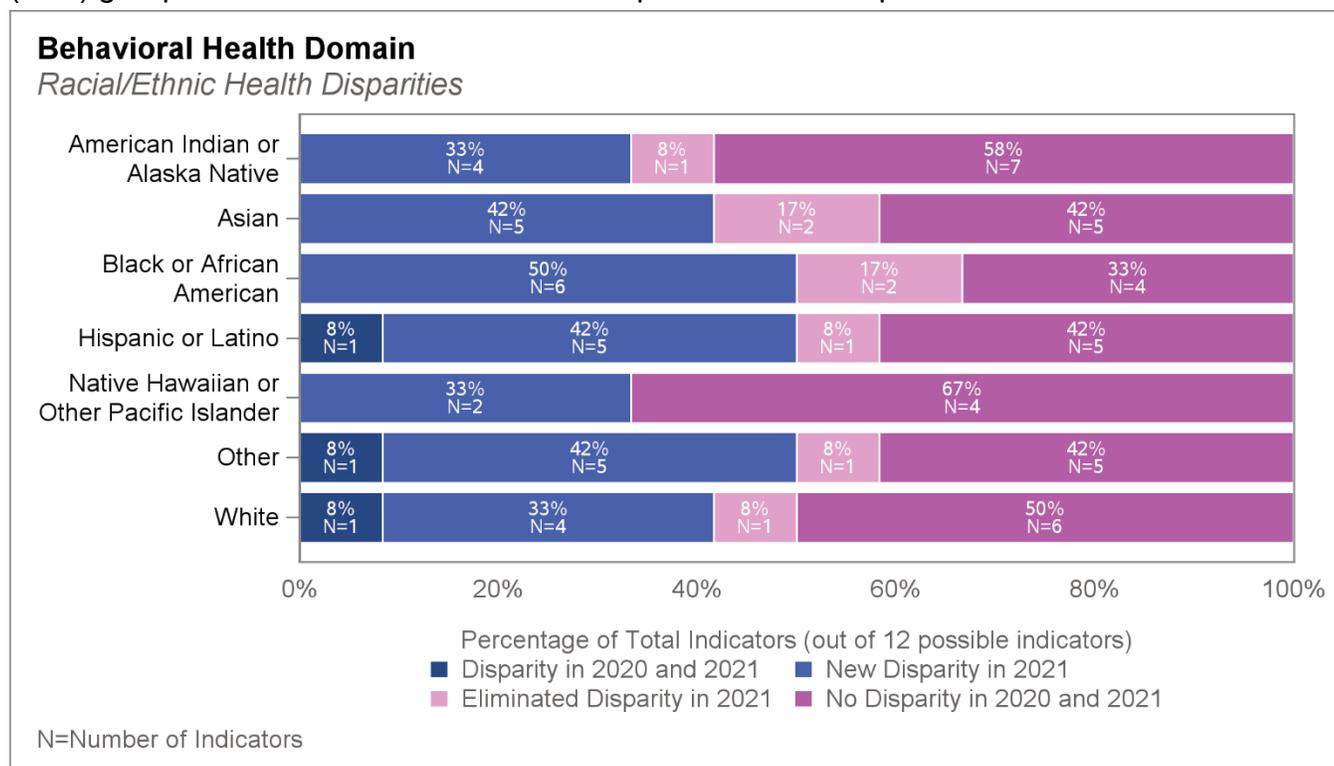
- ◆ One of seven (14.3 percent) racial/ethnic group rates (American Indian or Alaska Native) had a large disparity identified in both measurement years 2020 and 2021.
- ◆ While one racial/ethnic group rate (Native Hawaiian or Other Pacific Islander) did not have a disparity identified in either measurement year, the Native Hawaiian or Other Pacific Islander racial/ethnic group is at risk of having a disparity emerge in measurement year 2022.
- ◆ No new or widespread disparities were identified for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator.

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. The following indicators did not have disparities identified in measurement year 2020 because the measure was not reported in measurement year 2020: *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total, Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total, Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total, and Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total*. Therefore, disparities identified for these indicators are considered new disparities for measurement year 2021. Figure 3.42 displays the percentage and number of Behavioral Health domain indicators (out of 12 possible indicators) for which disparities were identified or were not identified for each racial/ethnic group in addition to newly identified and eliminated disparities within the Behavioral Health domain.

Figure 3.42—Racial/Ethnic Health Disparities Summary: Behavioral Health Domain

Note: Due to small numerators or denominators, the Native Hawaiian or Other Pacific Islander (N=6) group was not evaluated for health disparities for all 12 possible indicators.



The following key findings were identified for the Behavioral Health domain:

- ◆ One persistent disparity improved from measurement year 2020 to measurement year 2021:
 - *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator rates for one of seven (14.3 percent) racial/ethnic groups (White) had a persistent, improving disparity.
- ◆ The following persistent disparities worsened from measurement year 2020 to measurement year 2021:
 - *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Hispanic or Latino and Other) had a persistent, worsening disparity identified.
- ◆ New disparities for at least one racial/ethnic group were identified for six indicators within the Behavioral Health domain.
 - *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total* and *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had new disparities identified in measurement year 2021.
 - *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total* and *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total* indicator rates for all seven racial/ethnic groups had new disparities identified in measurement year 2021.
 - *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* indicator rates for three of seven (42.9 percent) racial/ethnic groups (Black or African American, Hispanic or Latino, and Other) had new disparities identified.
 - *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Asian and Black or African American) had new disparities identified.
- ◆ Eliminated disparities were identified for three indicators within the Behavioral Health domain.
 - *Antidepressant Medication Management—Effective Continuation Phase Treatment—Total* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Black or African American) had an eliminated disparity identified.
 - *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had eliminated disparities identified.
 - *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total* indicator rates for one of seven (14.3 percent) racial/ethnic groups (Asian) had an eliminated disparity identified.

- ◆ Widespread disparities were identified for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications; Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total; Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total; Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total; Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total; and Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicators and the Black or African American, Hispanic or Latino, and Other racial/ethnic groups.
 - For measurement year 2020 *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* and measurement year 2021 *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total*, and *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had disparities identified.
 - For measurement year 2021, *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total* and *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total* indicator rates for all seven racial/ethnic groups had disparities identified.
 - For measurement year 2021, *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator rates for five of seven (71.4 percent) racial/ethnic groups (Asian, Black or African American, Hispanic or Latino, Other, and White) had disparities identified.
 - For measurement year 2021, rates for the Black or African American, Hispanic or Latino, and Other racial/ethnic groups had disparities identified for six of 12 (50.0 percent) indicators in the Behavioral Health domain.
- ◆ Large disparities were identified for six of 12 (50.0 percent) indicators in the Behavioral Health domain. The following are the most notable large disparities:
 - For measurement year 2021, *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total* and *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had large disparities identified.
 - For measurement year 2021, *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total* and *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total* indicator rates for all seven racial/ethnic groups had large disparities identified.
 - For measurement year 2020, *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator rates for five of seven (71.4 percent) racial/ethnic groups (Asian, Black or African American, Hispanic or Latino, Other, and White) had large disparities identified; however, for measurement year 2021,

large disparities were only identified for two of seven (28.6 percent) racial/ethnic groups (Other and White).

- ◆ An emerging disparity was identified for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase—American Indian or Alaska Native indicator-racial/ethnic group combination*.

Racial/Ethnic Health Disparities: Behavioral Health Domain Key Findings

Based on evaluating the results of the key findings above, the following indicators were determined to be key findings for the Behavioral Health domain:

- ◆ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- ◆ *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total*
- ◆ *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total*
- ◆ *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total*
- ◆ *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total*
- ◆ *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*

Please note, the results for the *Screening for Depression and Follow-Up Plan—12–17 Years* and *Screening for Depression and Follow-Up Plan—18+ Years* indicators were not considered to be key findings given that benchmarks were unavailable and disparities could not be identified. Please refer to Appendix C for the racial/ethnic rates for these indicators as well as other indicators in the Behavioral Health domain not considered key findings.

Racial/Ethnic Health Disparities: Behavioral Health Domain Indicator Results

Figure 3.43 through Figure 3.63 display the racial/ethnic health disparities and applicable regional results for indicators with results determined to be key findings 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 measurement year 2021 statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as rates on top of the figure and as dotted lines in the figure.

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 3.43 displays the statewide racial/ethnic and applicable regional-level results for the *Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)* indicator in addition to identified health disparities.

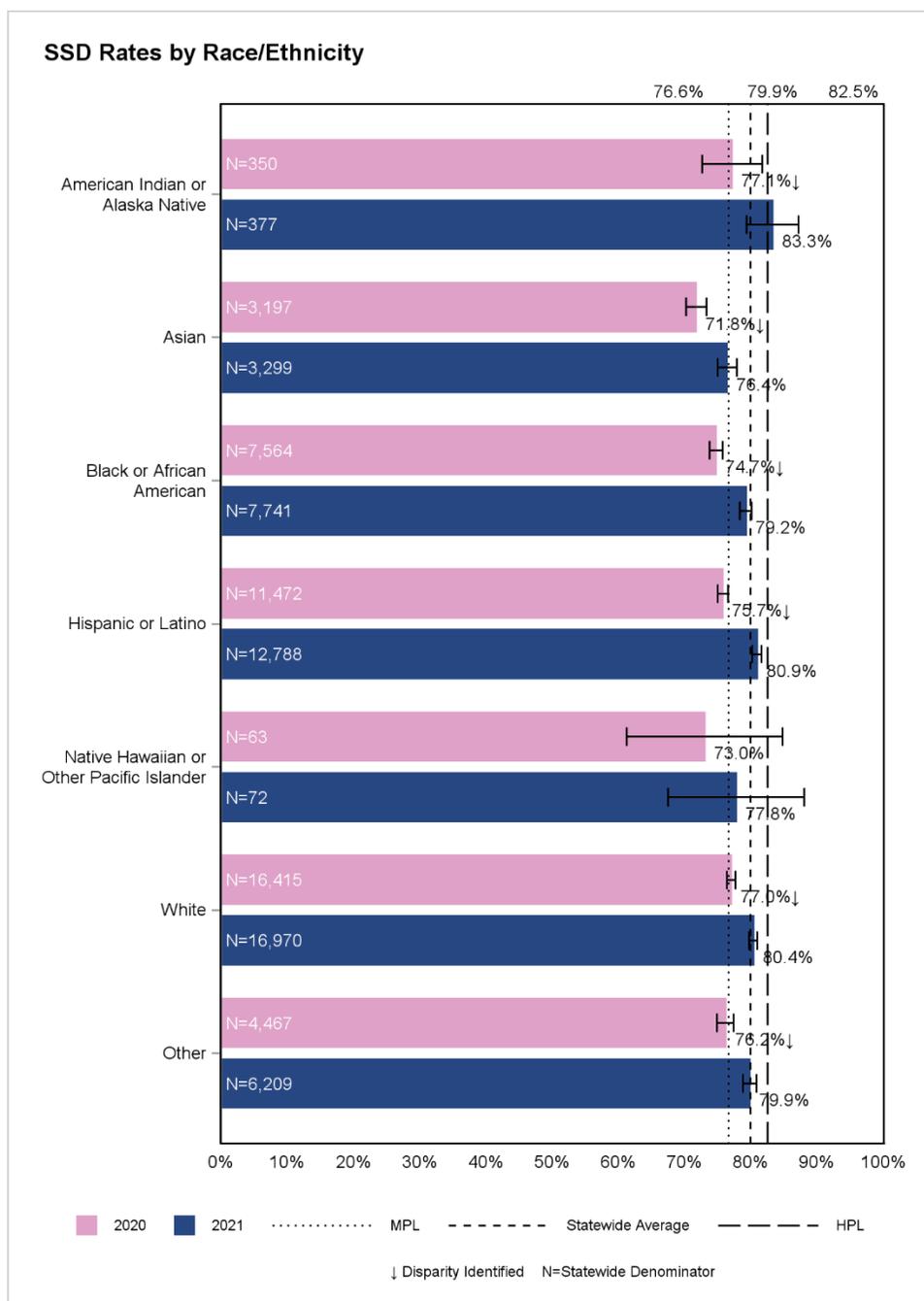
Figure 3.43—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 74.9 percent (N=3,136) and 78.1 percent (N=3,037), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 82.1 percent and 87.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 75.7 percent.



The following key findings were identified for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator:

- ◆ Six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had an eliminated disparity identified.
- ◆ Widespread disparities were identified with six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or

Latino, Other, and White) having disparities identified in measurement year 2020; however, all of these disparities were eliminated in measurement year 2021.

- ◆ No persistent, new, large, or emerging disparities were identified for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7)

The *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7)* indicator measures the percentage of emergency department visits among members ages 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 7 days of the emergency department visit. Figure 3.44 through Figure 3.46 display the statewide racial/ethnic and applicable regional-level results for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7)* indicator in addition to identified health disparities.

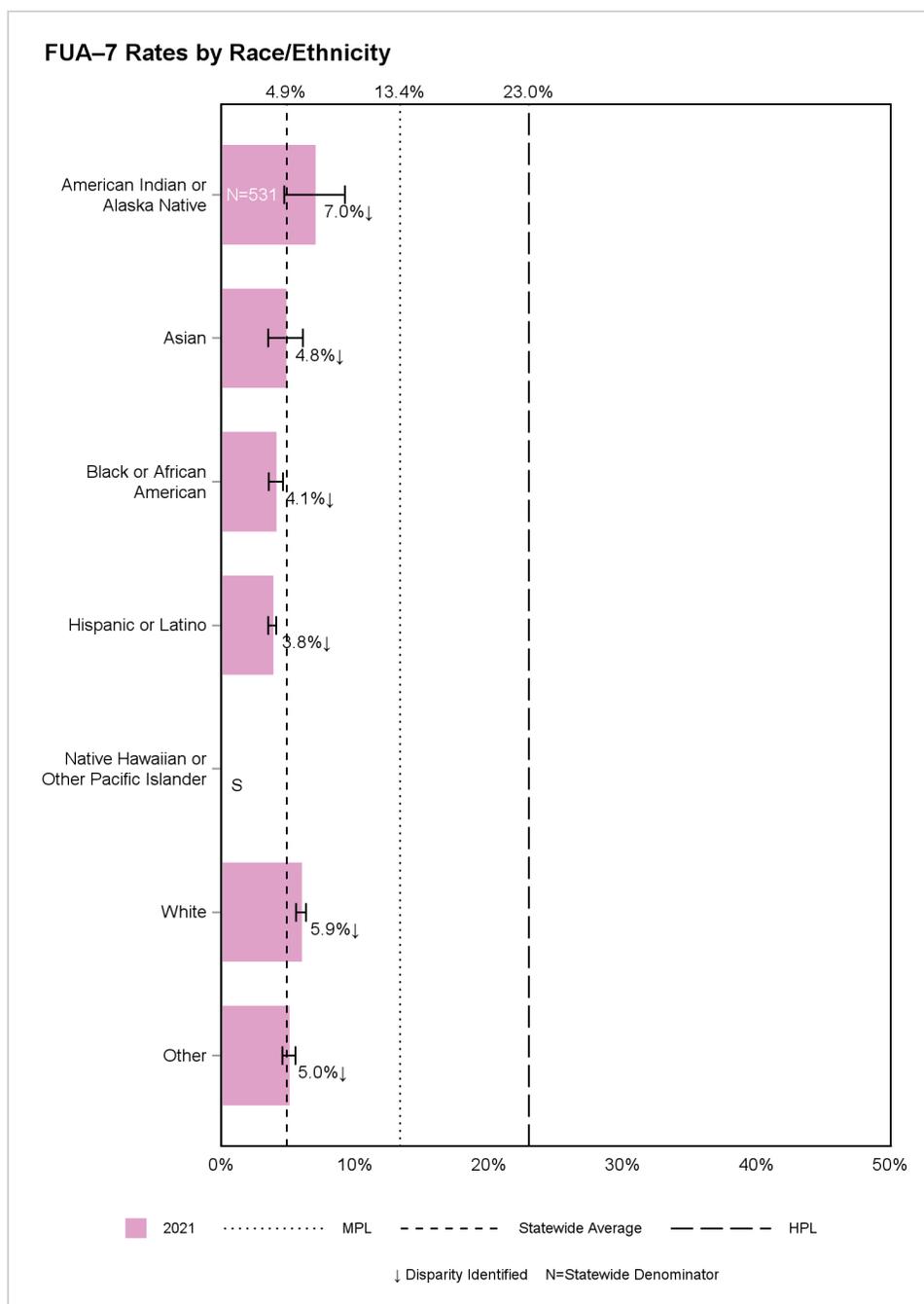
Figure 3.44—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 5.7 percent (N=1,715).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: Asian (1,110), Black or African American (5,568), Hispanic or Latino (16,902), White (16,733), and Other (7,589).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

S indicates that 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.



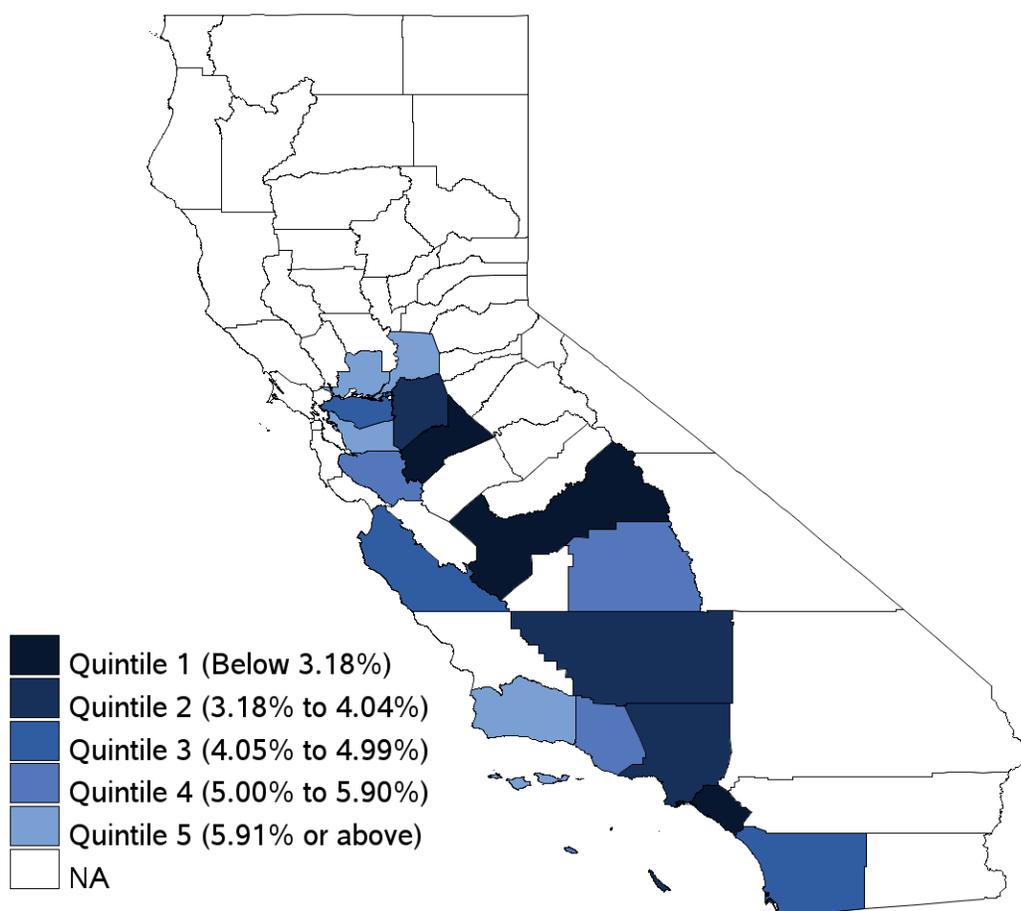
The following key findings were identified for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total* indicator:

- ◆ As this indicator was not tested for disparities in measurement year 2020, all disparities identified were considered new. Given this, six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had a new disparity identified in measurement year 2021.

- ◆ Widespread disparities were identified, with six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) having disparities identified for measurement year 2021.
- ◆ Six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had a large disparity identified for measurement year 2021.

Figure 3.45—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7)—Hispanic or Latino—Current Year Map

Current Rates by County for FUA-7—Hispanic or Latino



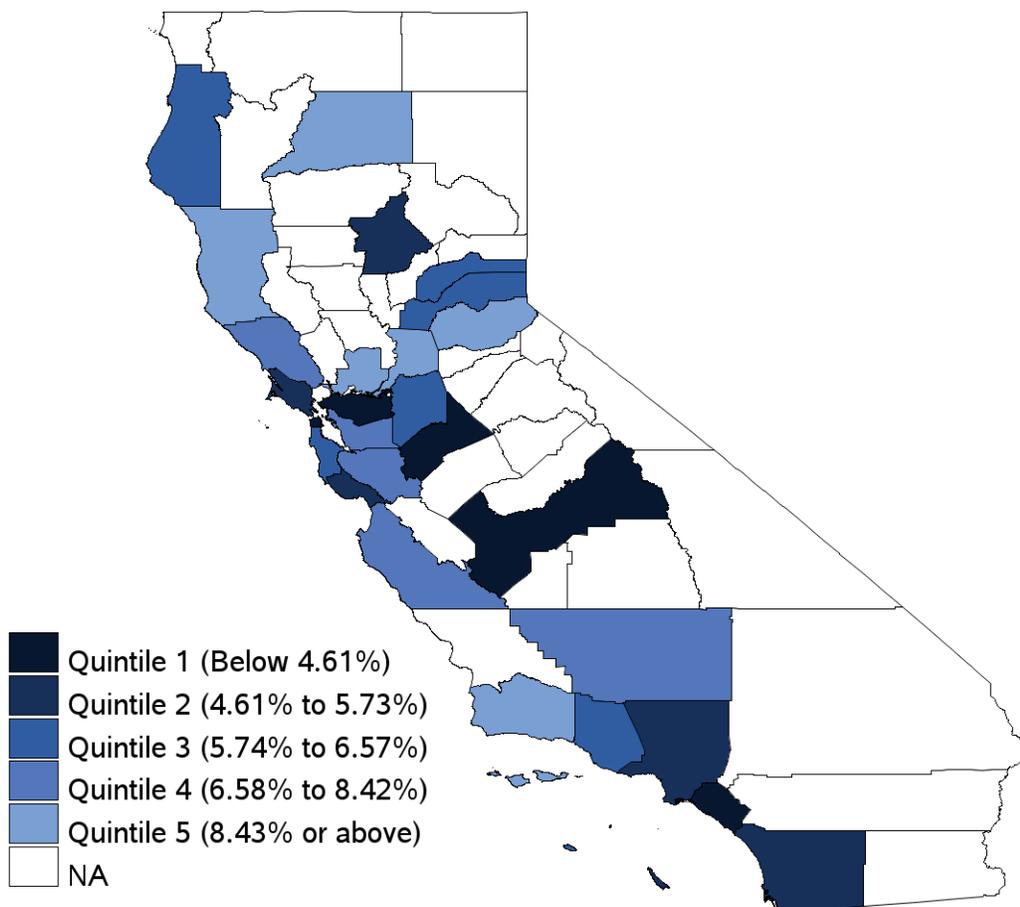
The following are the key findings for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total—Hispanic or Latino* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Joaquin Valley and Southern Coast regions had low performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total—Hispanic or Latino* indicator-racial/ethnic group combination.

- Rates for four of five (80.0 percent) counties with reportable rates (Fresno, Kern, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
- Rates for two of three (66.7 percent) counties (Los Angeles and Orange) in the Southern Coast region were in the bottom two quintiles.
- Of note, all counties in the bottom two quintiles statewide are in the San Joaquin Valley and Southern Coast regions.
- ◆ Counties in the San Francisco Bay/Sacramento region had high performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for four of five (80.0 percent) counties with reportable rates (Alameda, Sacramento, Santa Clara, and Solano) in the San Francisco Bay/Sacramento region were in the top two quintiles. Additionally, the rate for Solano County was the only rate above the minimum performance level.
 - Of note, reportable rates for counties in the Central Coast and San Francisco Bay/Sacramento regions represent six of seven (85.7 percent) counties in the top two quintiles statewide.

Figure 3.46—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7)—White—Current Year Map

Current Rates by County for FUA-7—White



The following are the key findings for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the Southern Coast and San Joaquin Valley regions had low performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.
 - Rates for all three counties (Los Angeles, Orange, and San Diego) in the Southern Coast region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
 - Rates for two of four (50.0 percent) counties with reportable rates (Fresno and Stanislaus) in the San Joaquin Valley region were in Quintile 1.
- ◆ Counties in the San Francisco Bay/Sacramento region had high performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.

- Rates for five of nine (55.6 percent) counties with reportable rates (Alameda, Sacramento, Santa Clara, Solano, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5).

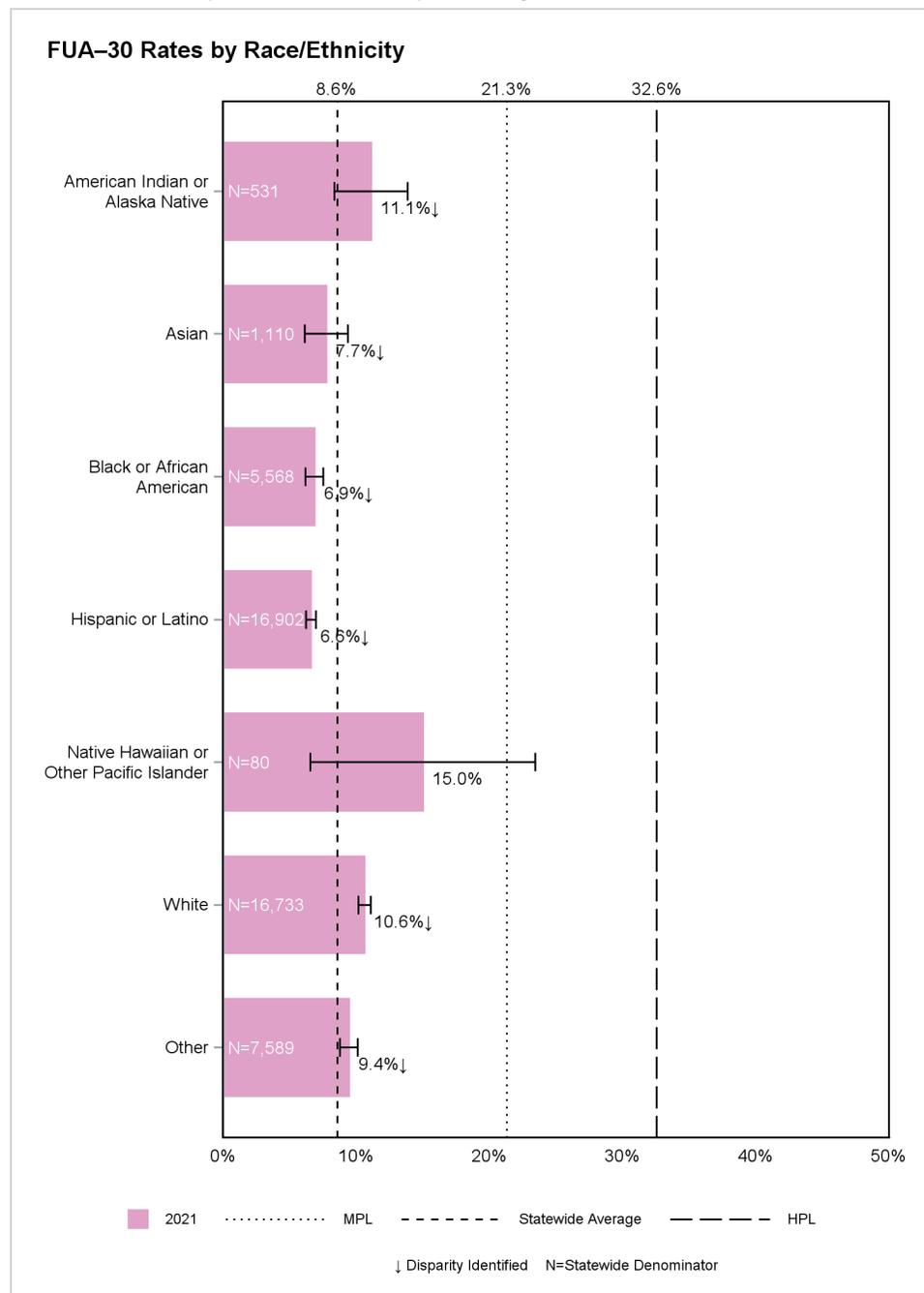
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA–30)

The *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA–30)* indicator measures the percentage of emergency department visits among members ages 13 years and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the emergency department visit. Figure 3.47 through Figure 3.49 display the statewide racial/ethnic and applicable regional-level results for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA–30)* indicator in addition to identified health disparities.

Figure 3.47—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 9.2 percent (N=1,715).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

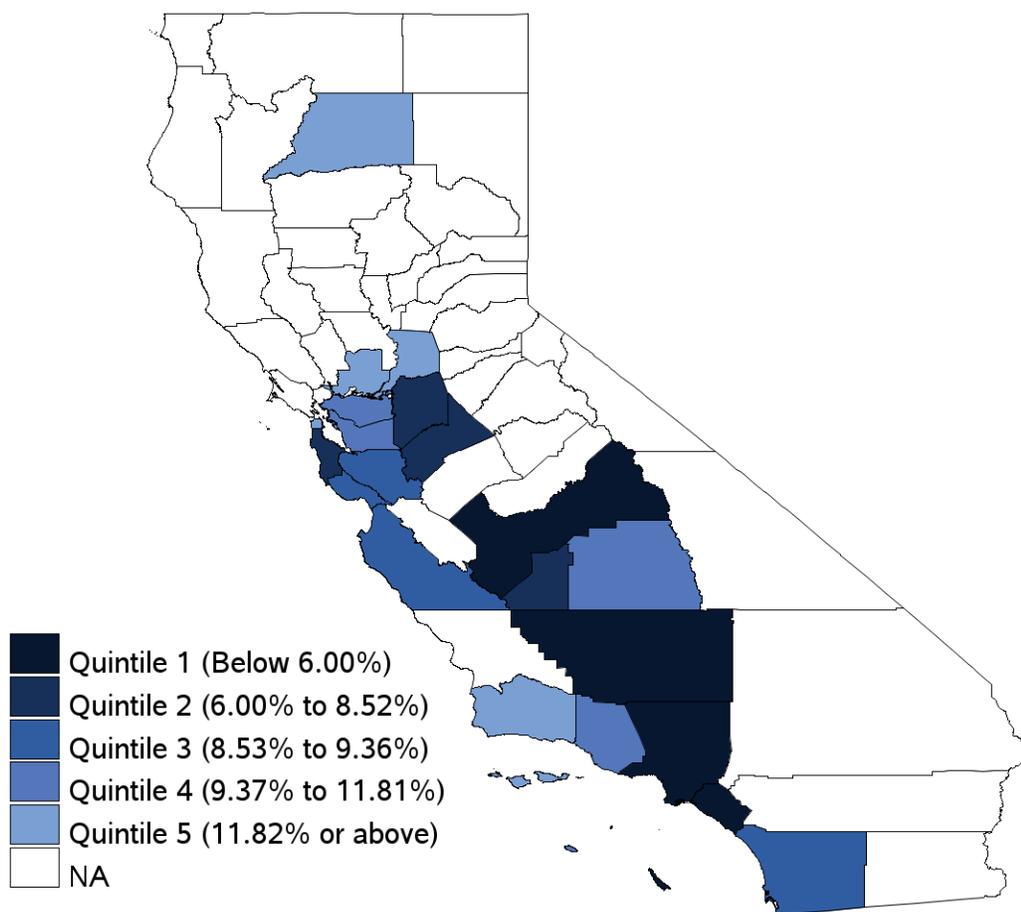


The following key findings were identified for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total* indicator:

- ◆ As this indicator was not tested for disparities in measurement year 2020, all disparities identified were considered new. Given this, six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had a new disparity identified in measurement year 2021.
- ◆ Widespread disparities were identified, with six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) having disparities identified for measurement year 2021.
- ◆ Six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White) had a large disparity identified for measurement year 2021.

Figure 3.48—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30)—Hispanic or Latino—Current Year Map

Current Rates by County for FUA-30—Hispanic or Latino

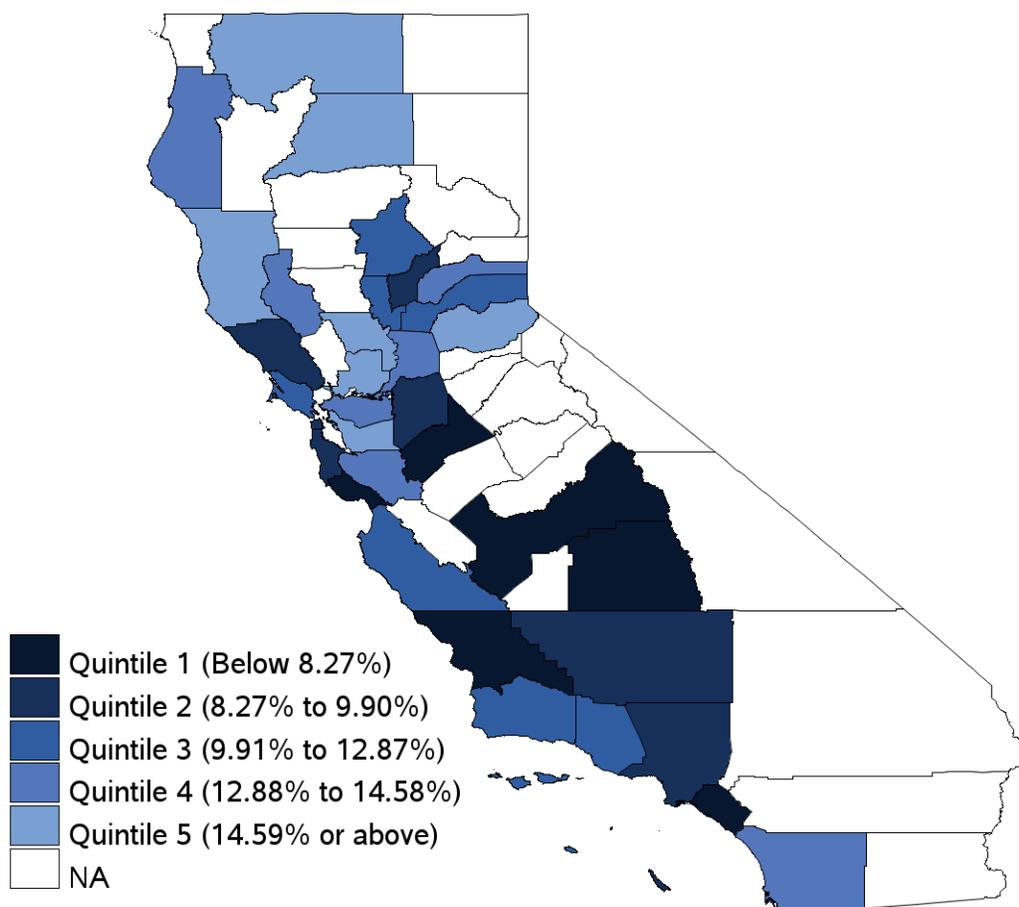


The following are the key findings for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination* regional analysis:

- ◆ Counties in the San Joaquin Valley and Southern Coast regions had low performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for five of six (83.3 percent) counties with reportable rates (Fresno, Kern, Kings, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
 - Rates for two of three (66.7 percent) counties (Los Angeles and Orange) in the Southern Coast region were in Quintile 1.
- ◆ Counties in the San Francisco Bay/Sacramento region had high performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for five of seven (71.4 percent) counties with reportable rates (Alameda, Contra Costa, Sacramento, San Francisco, and Solano) in the San Francisco Bay/Sacramento region were in the top two quintiles (i.e., Quintiles 4 and 5).
- ◆ The rate for one county with a reportable rate (Shasta) in the North/Mountain region was in Quintile 5. Of note, this was the only county rate for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination* that was above the minimum performance level.

Figure 3.49—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30)—White—Current Year Map

Current Rates by County for FUA-30—White



The following are the key findings for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had high performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.
 - Rates for six of 10 (60.0 percent) rural counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5), while rates for 12 of 24 (50.0 percent) urban counties with reportable rates were in the bottom two quintiles (i.e., Quintiles 1 and 2).
 - Of note, all six rural counties in the top two quintiles are in the North/Mountain region.
- ◆ Counties in the San Joaquin Valley and Southern Coast regions had low performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.

- Rates for all five counties with reportable rates (Fresno, Kern, San Joaquin, Stanislaus, and Tulare) in the San Joaquin Valley region were in the bottom two quintiles.
- Rates for two of three (66.7 percent) counties (Los Angeles and Orange) in the Southern Coast region were in the bottom two quintiles.
- ◆ Counties in the North/Mountain and San Francisco Bay/Sacramento regions had high performance for the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.
 - Rates for eight of 12 (66.7 percent) counties with reportable rates (El Dorado, Humboldt, Lake, Mendocino, Nevada, Shasta, Siskiyou, and Yolo) in the North/Mountain region were in the top two quintiles.
 - Rates for five of nine (55.6 percent) counties with reportable rates (Alameda, Contra Costa, Sacramento, Santa Clara, and Solano) in the San Francisco Bay/Sacramento region were in the top two quintiles.

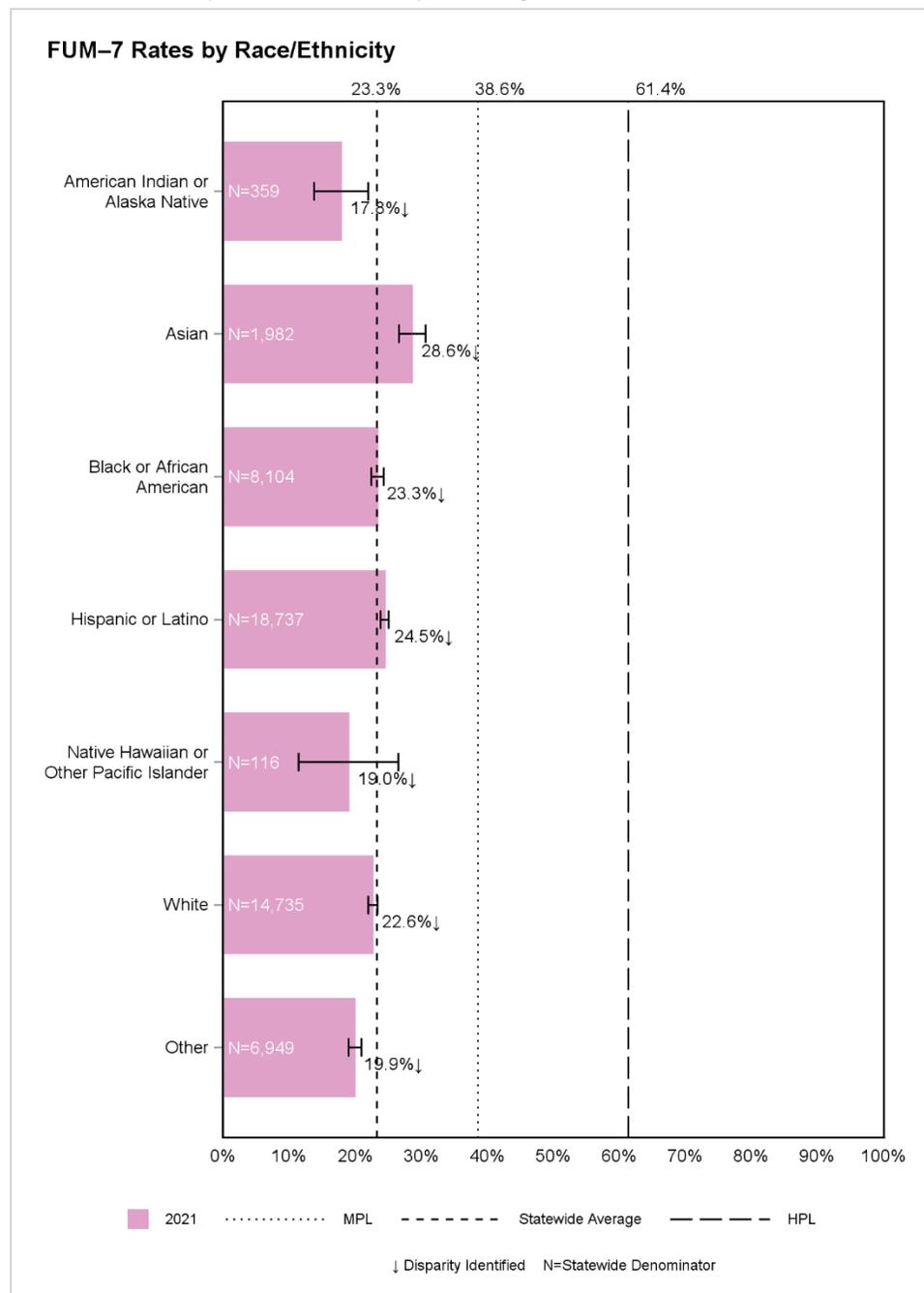
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)

The *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)* indicator measures the percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 7 days of the emergency department visit. Figure 3.50 through Figure 3.53 display the statewide racial/ethnic and applicable regional-level results for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)* indicator in addition to identified health disparities.

Figure 3.50—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 23.6 percent (N=2,380).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

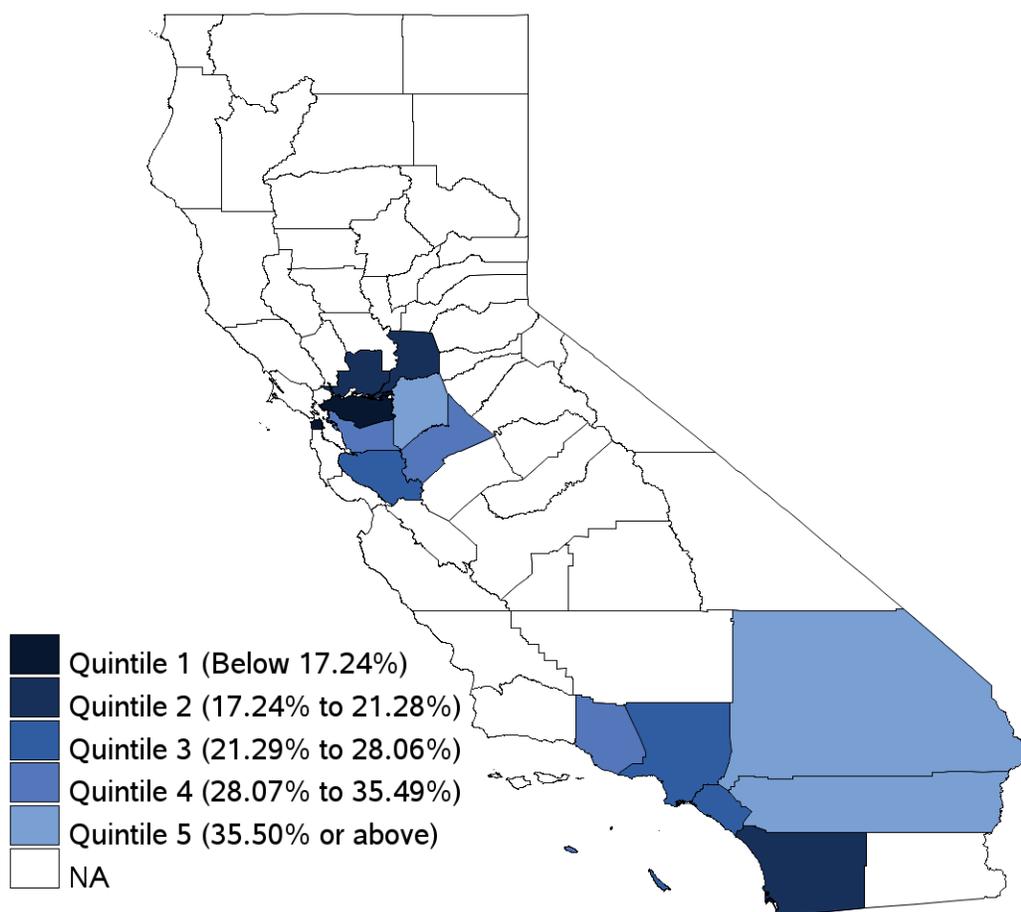


The following key findings were identified for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total* indicator:

- ◆ As this indicator was not tested for disparities in measurement year 2020, all disparities identified were considered new. Given this, all seven racial/ethnic group rates had a new disparity identified in measurement year 2021.
- ◆ Widespread disparities were identified, with all seven racial/ethnic group rates having disparities identified for measurement year 2021.
- ◆ All seven racial/ethnic group rates had a large disparity identified for measurement year 2021.

Figure 3.51—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)—Black or African American—Current Year Map

Current Rates by County for FUM-7—Black or African American

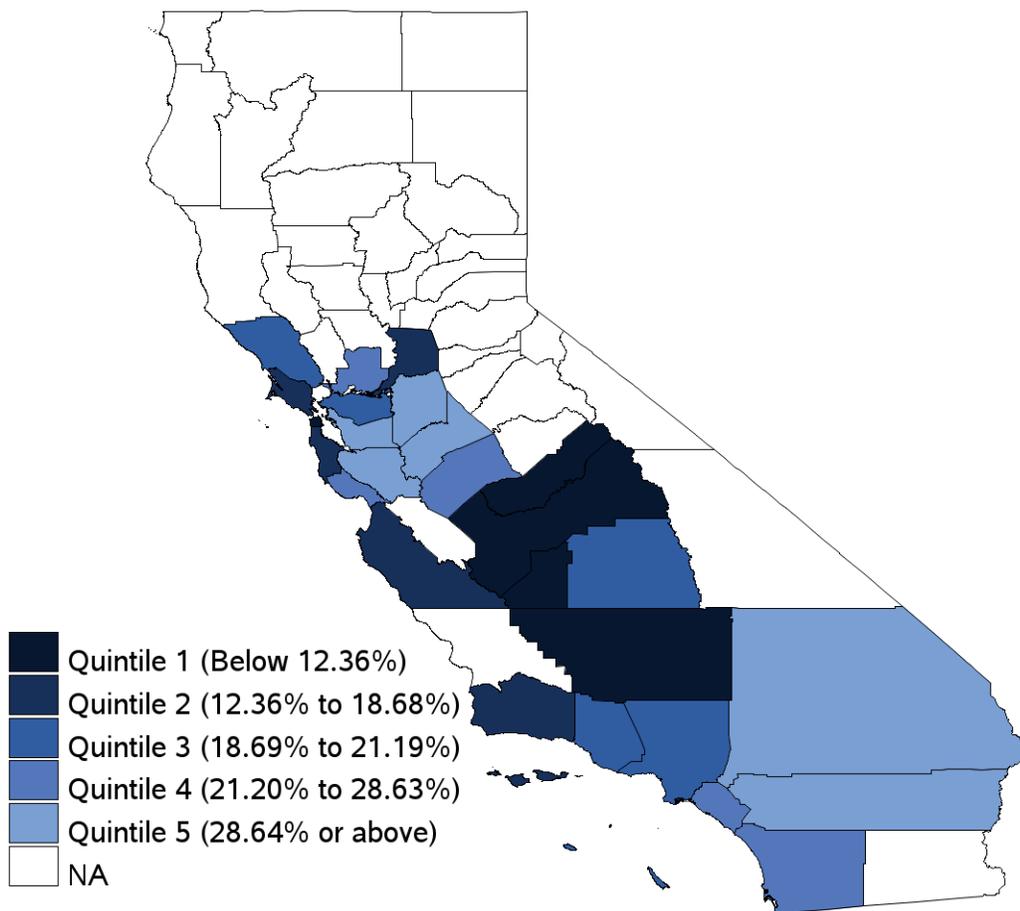


The following are the key findings for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Francisco Bay/Sacramento region had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—Black or African American* indicator-racial/ethnic group combination.
 - Rates for four of six (66.7 percent) counties with reportable rates (Contra Costa, Sacramento, San Francisco, and Solano) in the San Francisco Bay/Sacramento region were in the bottom two quintiles (i.e., Quintiles 1 and 2)
- ◆ Counties in the San Joaquin Valley and Southeastern regions had high performance for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—Black or African American* indicator-racial/ethnic group combination.
 - Rates for both counties with reportable rates (San Joaquin and Stanislaus) in the San Joaquin region were in the top two quintiles (i.e., Quintiles 4 and 5).
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5.
- ◆ The rate for the one county with a reportable rate (Ventura) in the Central Coast region was in Quintile 4.

Figure 3.52—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)—Hispanic or Latino—Current Year Map

Current Rates by County for FUM-7—Hispanic or Latino

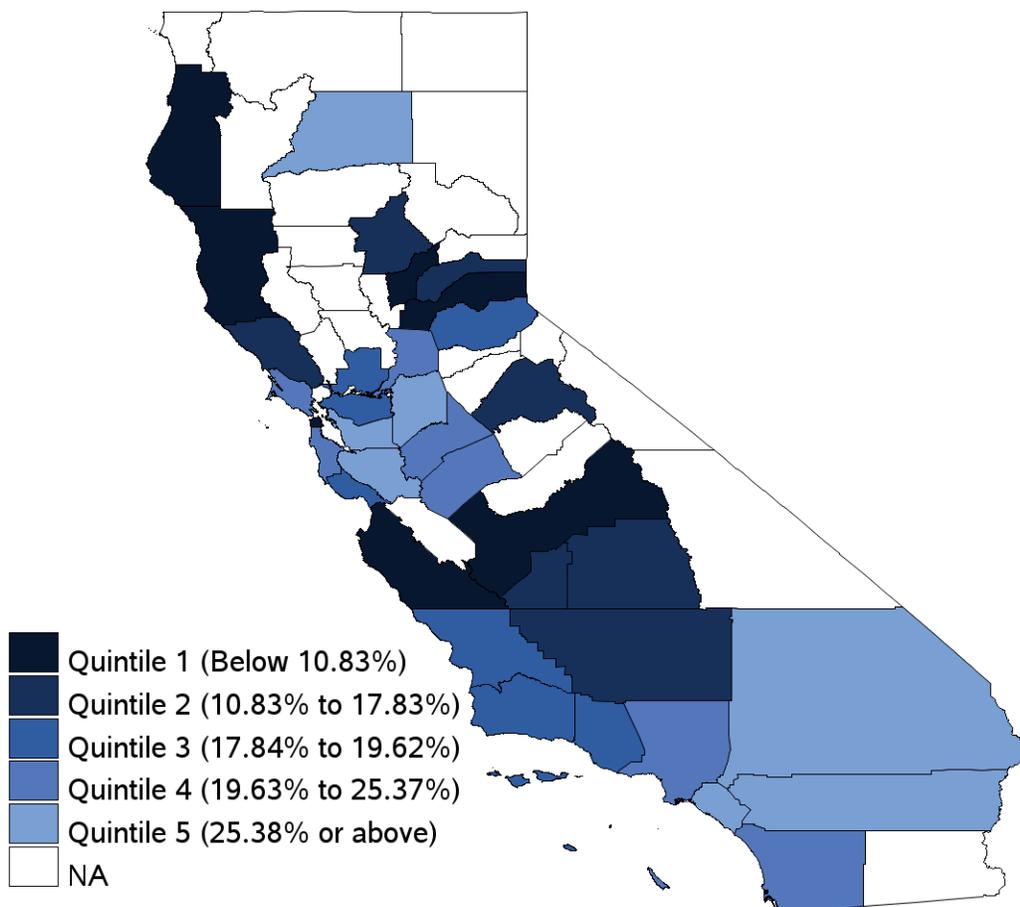


The following are the key findings for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination regional analysis*:

- ◆ Counties in the Southeastern and Southern Coast regions had high performance for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5. Additionally, rates for both of these counties were above the minimum performance level.
 - Rates for two of three (66.7 percent) counties (Orange and San Diego) in the Southern Coast region were in Quintile 4.
- ◆ Counties in the San Francisco Bay/Sacramento and San Joaquin Valley regions had varied performance for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Of note, one reportable rate (Alameda) in the San Francisco Bay/Sacramento region and one reportable rate (San Joaquin) in the San Joaquin Valley region were above the minimum performance level.

Figure 3.53—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)—White—Current Year Map

Current Rates by County for FUM-7—White



The following are the key findings for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.
 - Rates for seven of eight (87.5 percent) rural counties with reportable rates were in the bottom two quintiles (i.e., Quintiles 1 and 2), while rates for 14 of 27 (51.9 percent) urban counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5).
 - Of note, all eight rural counties with reportable rates were in the North/Mountain region.
- ◆ Counties in the North/Mountain and San Joaquin Valley regions had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.

- Rates for seven of nine (77.8 percent) counties with reportable rates (Butte, Humboldt, Mendocino, Nevada, Placer, Tuolumne, and Yuba) in the North/Mountain region were in the bottom two quintiles.
- Rates for four of seven (57.1 percent) counties with reportable rates (Fresno, Kern, Kings, and Tulare) were in the bottom two quintiles. Of note, while the San Joaquin Valley region had low performance, the rate for San Joaquin County was above the minimum performance level by more than 11 percentage points.
- ◆ Counties in the San Francisco Bay/Sacramento, Southeastern, and Southern Coast regions had high performance for the *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.
 - Rates for five of nine (55.6 percent) counties with reportable rates (Alameda, Marin, Sacramento, San Mateo, and Santa Clara) in the San Francisco Bay/Sacramento region were in the top two quintiles.
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5.
 - Rates for all three counties (Los Angeles, Orange, and San Diego) in the Southern Coast region were in the top two quintiles.

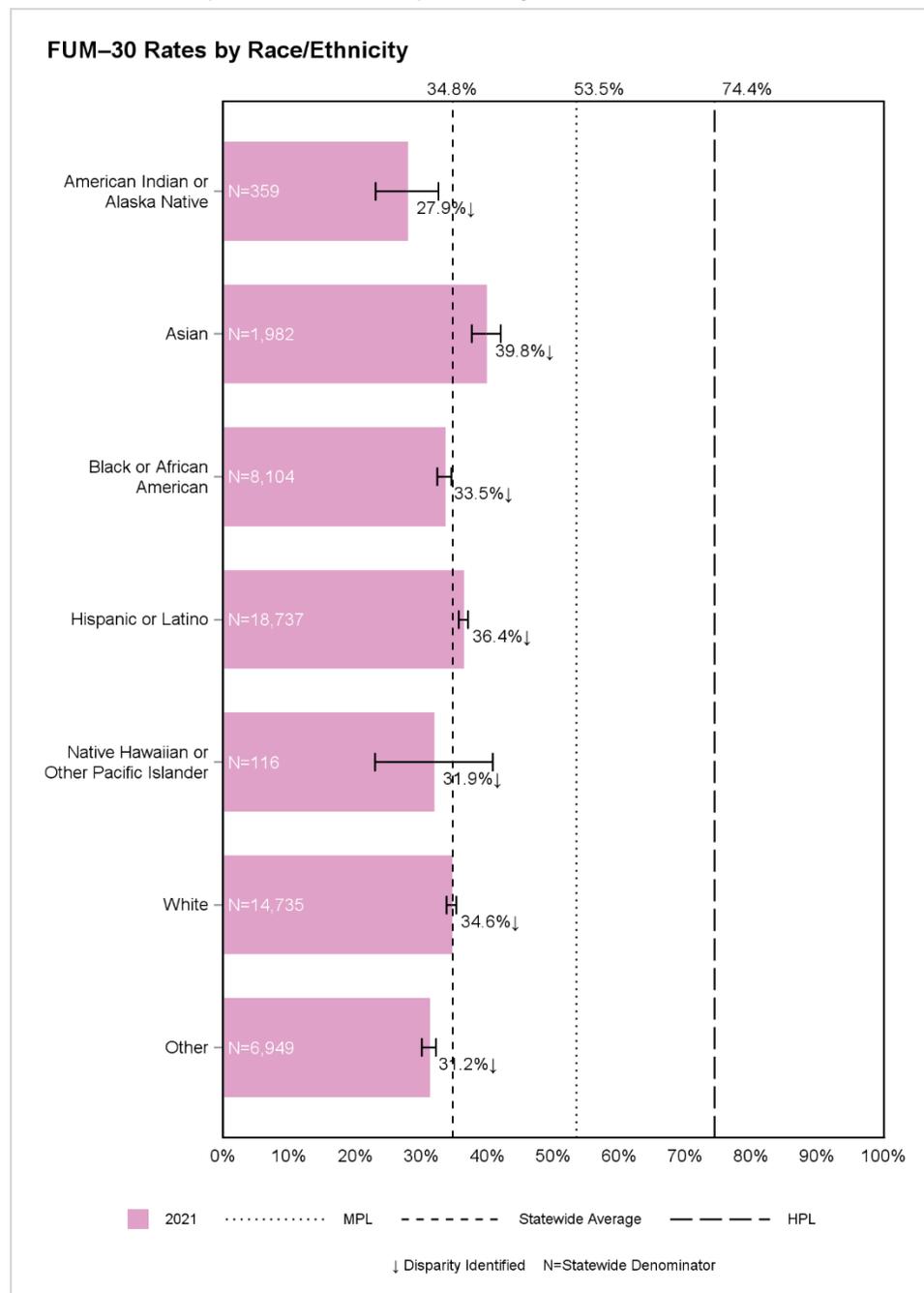
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)

The *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)* indicator measures the percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 30 days of the emergency department visit. Figure 3.54 through Figure 3.58 display the statewide racial/ethnic and applicable regional-level results for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)* indicator in addition to identified health disparities.

Figure 3.54—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 35.4 percent (N=2,380).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

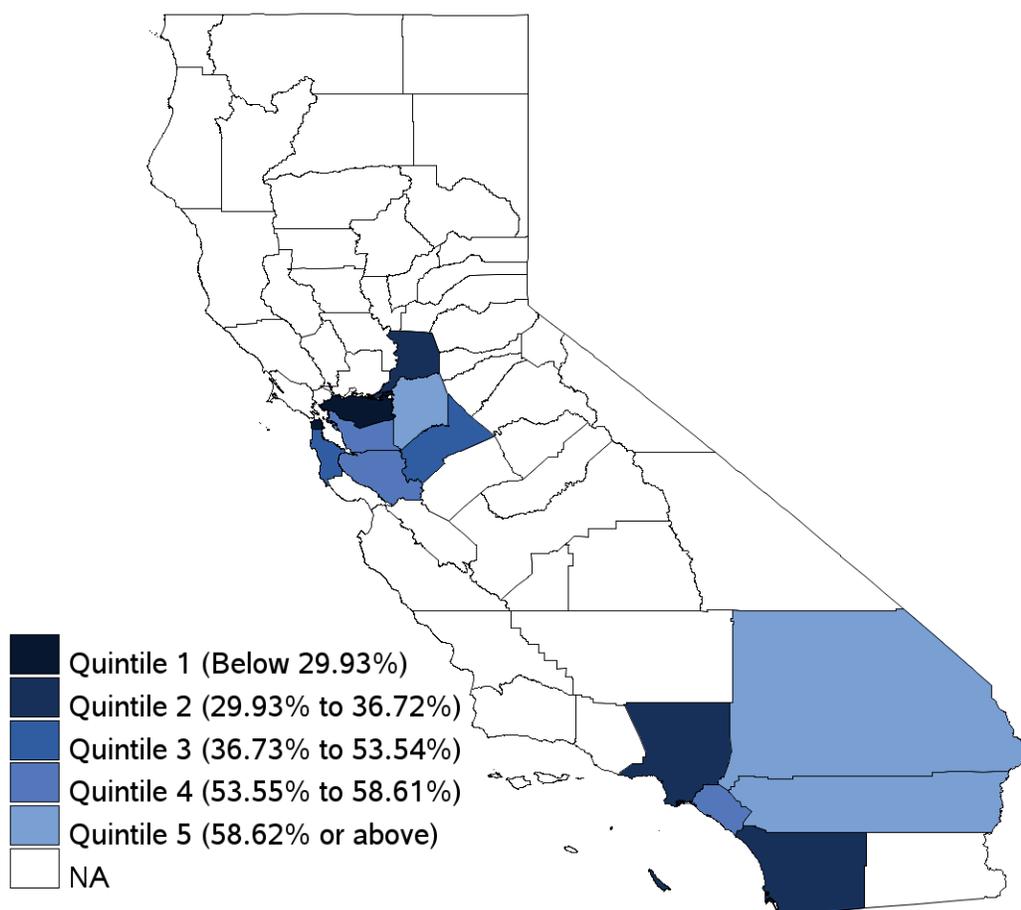


The following key findings were identified for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total* indicator:

- ◆ As this indicator was not tested for disparities in measurement year 2020, all disparities identified were considered new. Given this, all seven racial/ethnic group rates had a new disparity identified in measurement year 2021.
- ◆ Widespread disparities were identified, with all seven racial/ethnic group rates having disparities identified for measurement year 2021.
- ◆ All seven racial/ethnic group rates had a large disparity identified for measurement year 2021.

Figure 3.55—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)—Asian—Current Year Map

Current Rates by County for FUM-30—Asian

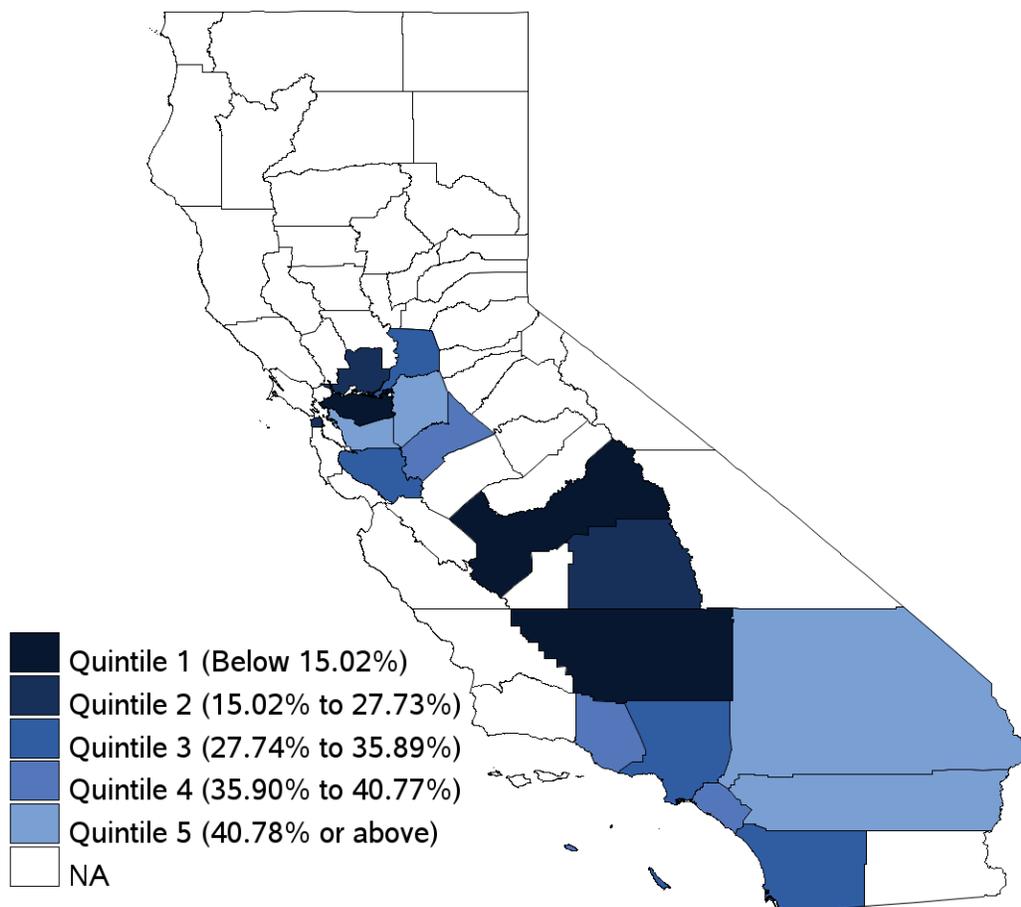


The following are the key findings for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Asian* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Francisco Bay/Sacramento and Southern Coast regions had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Asian* indicator-racial/ethnic group combination.
 - Rates for three of six (50.0 percent) counties with reportable rates (Contra Costa, Sacramento, and San Francisco) in the San Francisco Bay/Sacramento region were in the bottom two quintiles (i.e., Quintiles 1 and 2).
 - Rates for two of three (66.7 percent) counties (Los Angeles and San Diego) in the Southern Coast region were in Quintile 2.
- ◆ Counties in the Southeastern region had high performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Asian* indicator-racial/ethnic group combination.
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5.

Figure 3.56—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)—Black or African American—Current Year Map

Current Rates by County for FUM-30—Black or African American



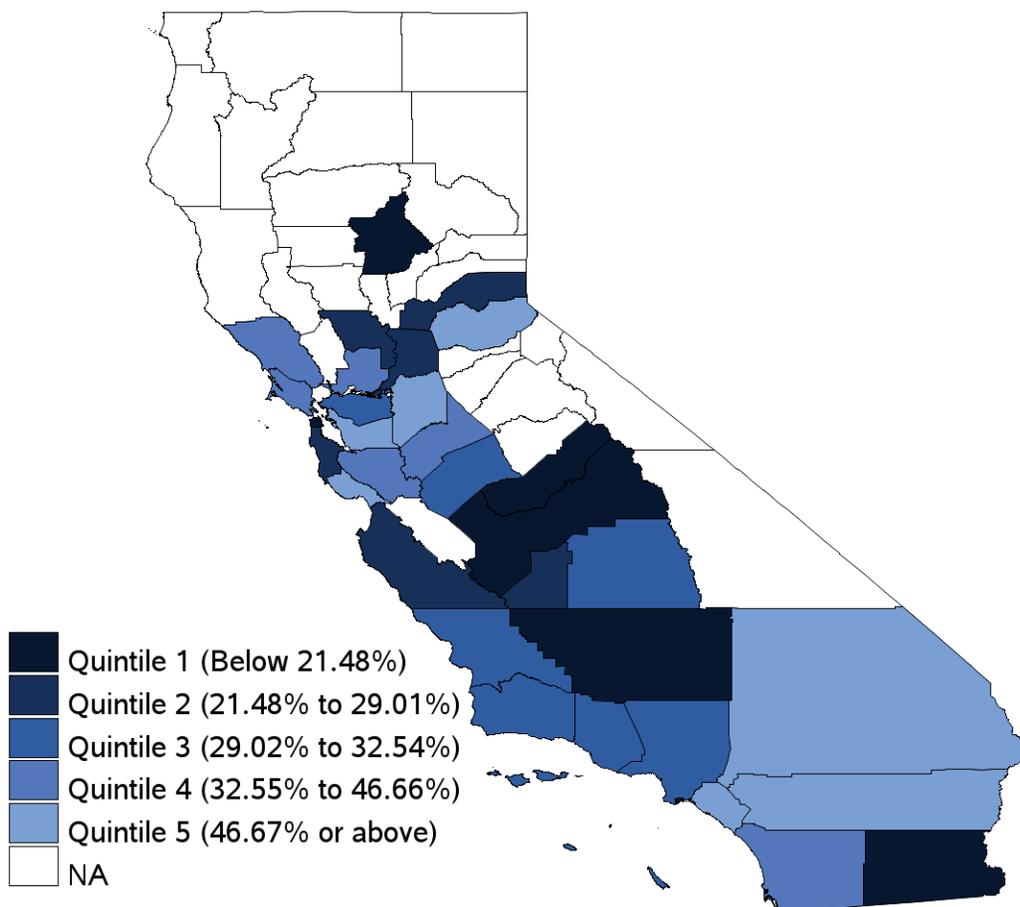
The following are the key findings for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Joaquin Valley region had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Black or African American* indicator-racial/ethnic group combination.
 - Rates for three of five (60.0 percent) counties with reportable rates (Fresno, Kern, and Tulare) were in the bottom two quintiles (i.e., Quintiles 1 and 2).
- ◆ Counties in the Southeastern region had high performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Black or African American* indicator-racial/ethnic group combination.
 - Both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5.

- ◆ The rate for the one county with a reportable rate (Ventura) in the Central Coast region was in Quintile 4.

Figure 3.57—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)—Hispanic or Latino—Current Year Map

Current Rates by County for FUM-30—Hispanic or Latino



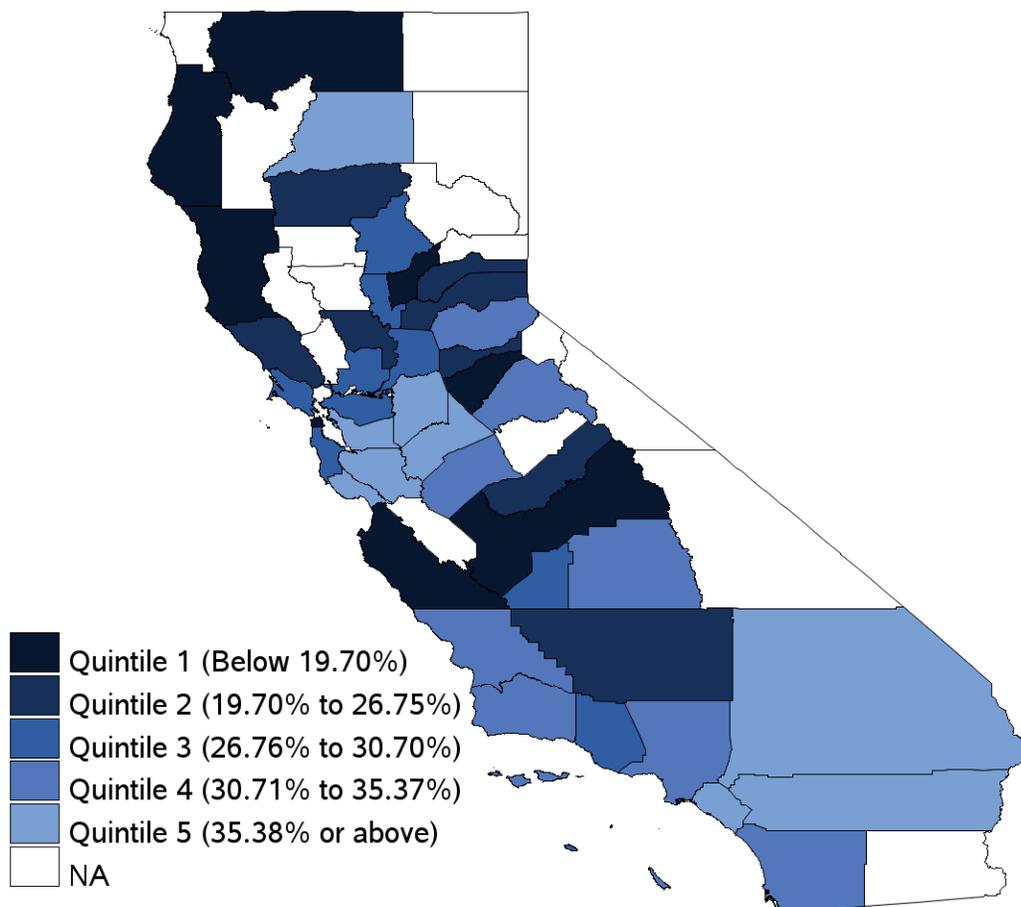
The following are the key findings for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Hispanic or Latino* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Hispanic or Latino* indicator-racial/ethnic group combination.
 - Rates for three of four (75.0 percent) rural counties with reportable rates were in the bottom two quintiles (i.e., Quintiles 1 and 2), while rates for 12 of 28 (42.9 percent) urban counties with reportable rates were in the top two quintiles (i.e., quintiles 4 and 5).
 - Of note, three of four (75.0 percent) rural counties with reportable rates were in the North/Mountain region.

- ◆ Counties in the North/Mountain region had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for three of four (75.0 percent) counties with reportable rates (Butte, Placer, and Yolo) in the North/Mountain region were in the bottom two quintiles.
- ◆ Counties in the San Francisco Bay/Sacramento, Southeastern, and Southern Coast regions had high performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—Hispanic or Latino indicator-racial/ethnic group combination*.
 - Rates for five of nine (55.6 percent) counties with reportable rates (Alameda, Marin, Santa Clara, Solano, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles.
 - Rates for two of three (66.7 percent) counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5.
 - Rates for two of three (66.7 percent) counties (Orange and San Diego) in the Southern Coast region were in the top two quintiles (i.e., Quintiles 4 and 5).

Figure 3.58—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)—White—Current Year Map

Current Rates by County for FUM-30—White



The following are the key findings for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.
 - Rates for nine of 13 (69.2 percent) rural counties with reportable rates were in the bottom two quintiles (i.e., Quintiles 1 and 2), while rates for 15 of 29 (51.7 percent) urban counties with reportable rates were in the top two quintiles (i.e., Quintiles 4 and 5).
 - Of note, all rural counties with reportable rates were in the North/Mountain region.
- ◆ Counties in the North/Mountain region had low performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—White* indicator-racial/ethnic group combination.

- Rates for 10 of 15 (66.7 percent) counties with reportable rates (Amador, Calaveras, Humboldt, Mendocino, Nevada, Placer, Siskiyou, Tehama, Yolo, and Yuba) in the North/Mountain region were in the bottom two quintiles.
- ◆ Counties in the Central Coast, San Joaquin Valley, Southeastern, and Southern Coast regions had high performance for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total—White-racial/ethnic group combination*.
 - Rates for three of five (60.0 percent) counties with reportable rates (San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast region were in the top two quintiles.
 - Rates for four of eight (50.0 percent) counties with reportable rates (Merced, San Joaquin, Stanislaus, and Tulare) in the San Joaquin Valley region were in the top two quintiles.
 - Rates for both counties with reportable rates (Riverside and San Bernardino) in the Southeastern region were in Quintile 5.
 - Rates for all three counties (Los Angeles, Orange, and San Diego) in the Southern Coast region were in the top two quintiles.

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 to 12 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 3.59 through Figure 3.63 display the statewide racial/ethnic and applicable regional-level results for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M)* indicator in addition to identified health disparities.

Figure 3.59—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) Rates by Race/Ethnicity

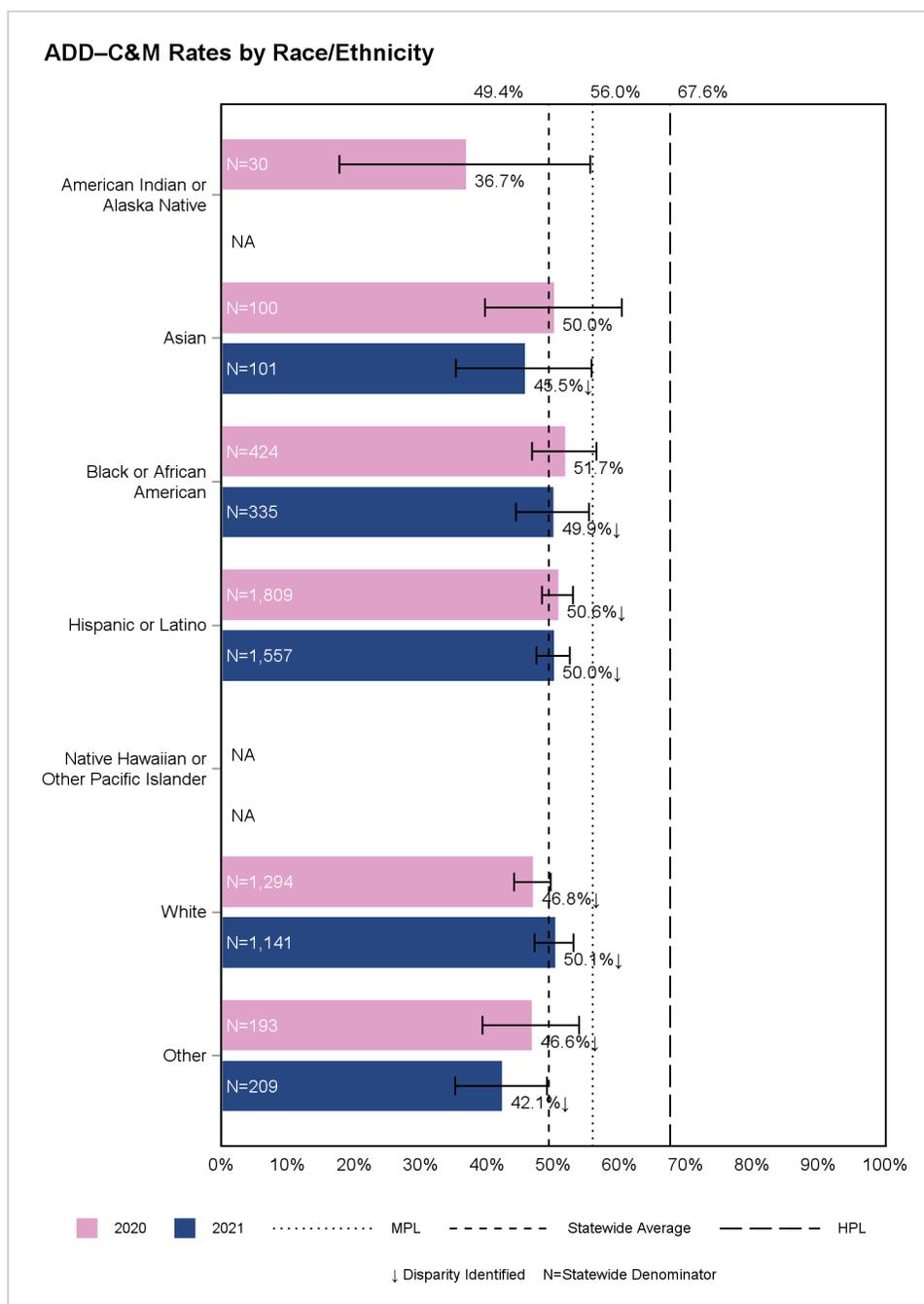
Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 52.0 percent (N=204) and 49.7 percent (N=183), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.7 percent and 68.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 49.3 percent.

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



The following key findings were identified for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for two of seven (28.6 percent) racial/ethnic groups (Hispanic or Latino and Other) had a persistent, worsening disparity identified, and rates for one of seven (14.3 percent) racial/ethnic groups (White) had a persistent, improving disparity identified.

- ◆ Two of seven (28.6 percent) racial/ethnic group rates (Asian and Black or African American) had a new disparity identified in measurement year 2021.
- ◆ Widespread disparities were identified, as five of seven (71.4 percent) racial/ethnic group rates (Asian, Black or African American, Hispanic or Latino, Other, and White) had disparities identified in measurement year 2021.
- ◆ Two of seven (28.6 percent) racial/ethnic group rates (Other and White) had a large disparity identified for measurement year 2020; however, for measurement year 2021, large disparities were identified for three additional racial/ethnic group rates (Asian, Black or African American, and Hispanic or Latino).
- ◆ No eliminated or emerging disparities were identified for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator.

Figure 3.60—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD-C&M)—Hispanic or Latino—Current Year Map

Current Rates by County for ADD-C&M—Hispanic or Latino

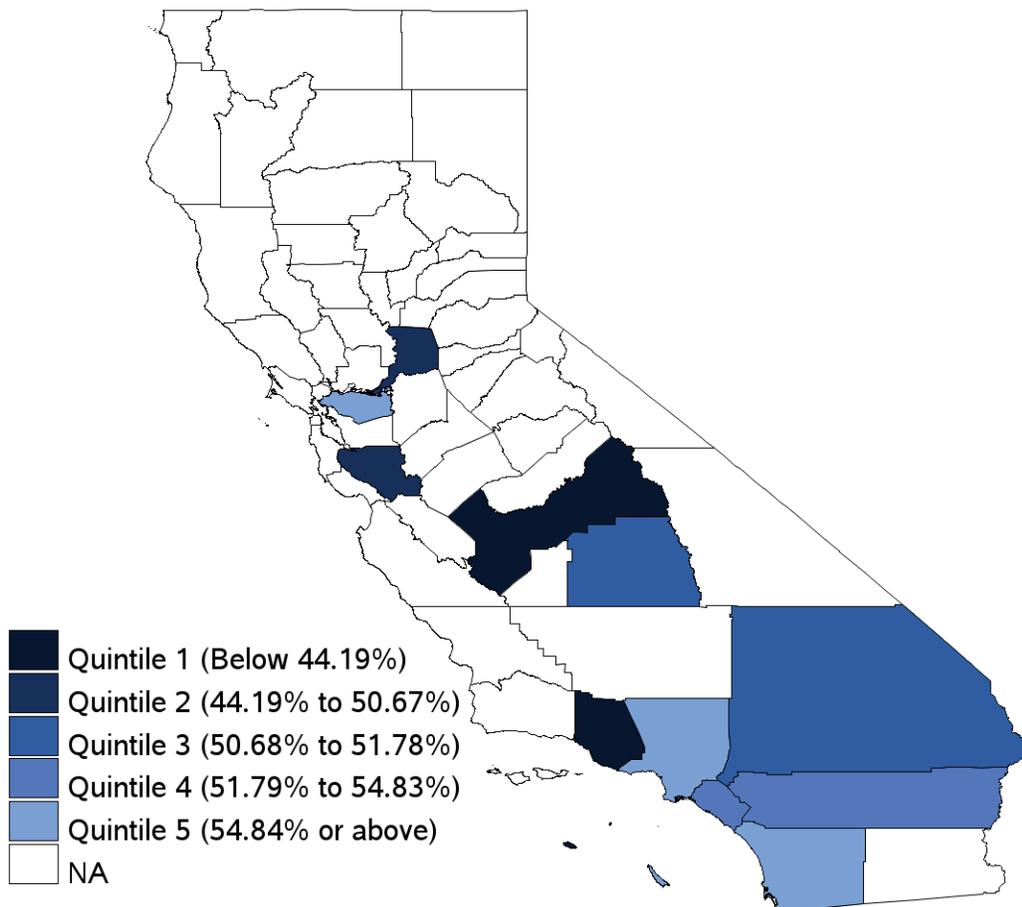
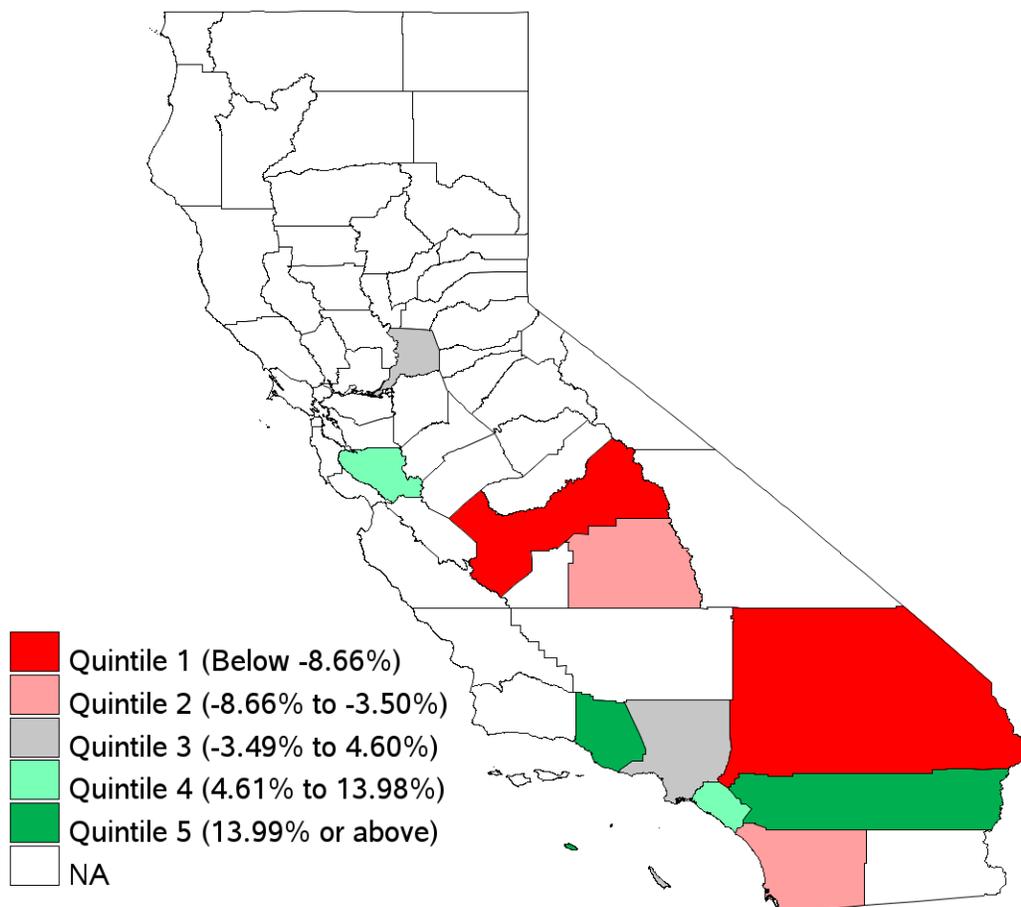


Figure 3.61—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD-C&M)—Hispanic or Latino—Trending Map

Relative Difference by County for ADD-C&M—Hispanic or Latino



The following are the key findings for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase—Hispanic or Latino* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Francisco Bay/Sacramento region had low performance for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase—Hispanic or Latino* indicator-racial/ethnic group combination.
 - Rates for two of three (66.7 percent) counties with reportable rates (Sacramento and Santa Clara) in the San Francisco Bay/Sacramento region were in Quintile 2 for current year performance. While one of these counties (Santa Clara) was in Quintile 4 for trending results, the rate for the Hispanic or Latino racial/ethnic group within this county was still below the minimum performance level by more than 11 percentage points.
- ◆ Counties in the Southern Coast region had high performance for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase—Hispanic or Latino* indicator-racial/ethnic group combination.

- Rates for all three counties (Los Angeles, Orange, and San Diego) in the Southern Coast region were in the top two quintiles (i.e., Quintiles 4 and 5) for current year performance. While the rate for one of these counties (San Diego) was in Quintile 2 for trending results, the rate for the Hispanic or Latino group within this county was still above the minimum performance level by more than 4 percentage points.
- ◆ The rate for the one county with a reportable rate (Ventura) in the Central Coast region was in Quintile 1 for current year performance. While this county was also in Quintile 5 for trending results, the rate for the Hispanic or Latino racial/ethnic group in this county was still below the minimum performance level by more than 12 percentage points.

Figure 3.62—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M)—White—Current Year Map

Current Rates by County for ADD–C&M—White

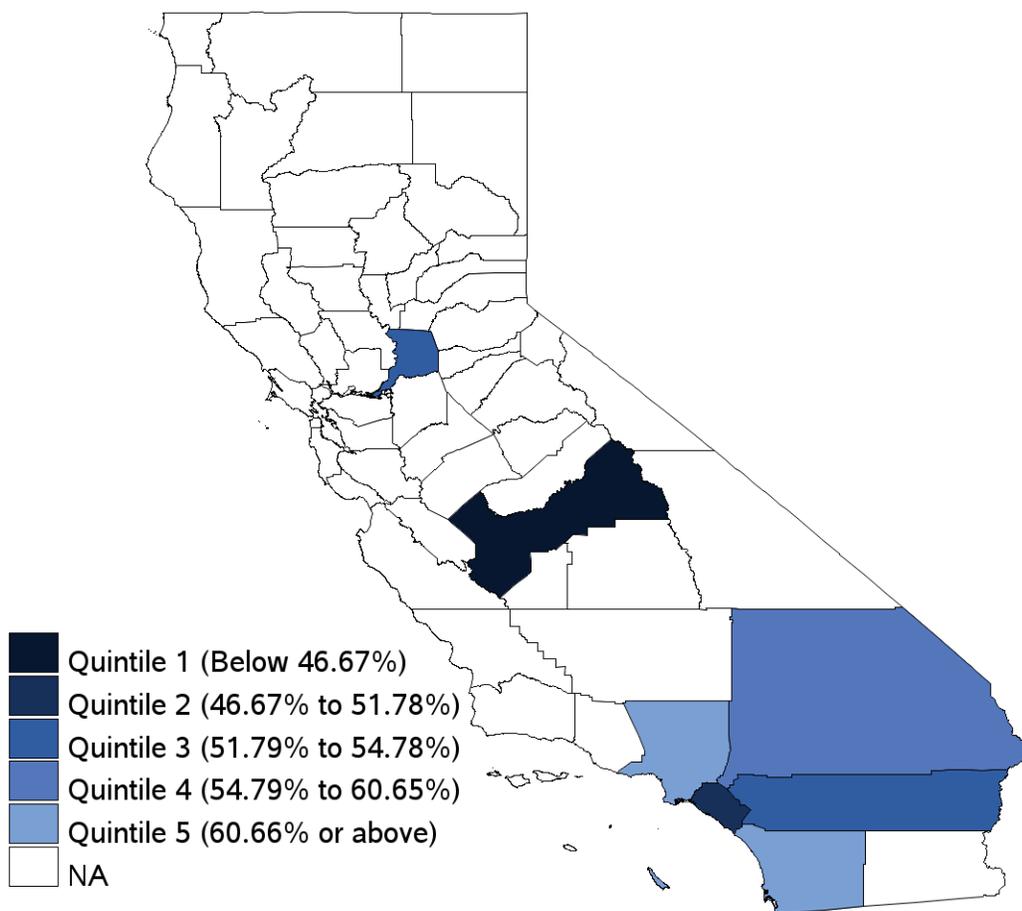
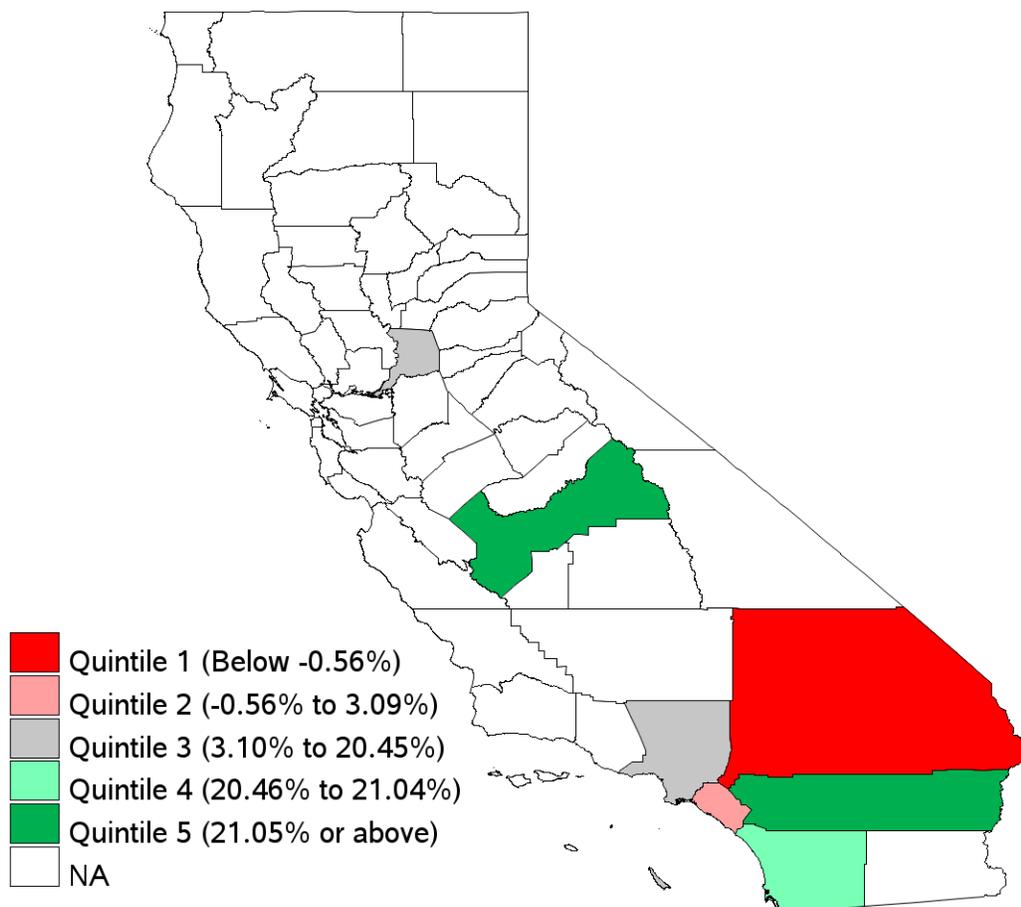


Figure 3.63—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD-C&M)—White—Trending Map

Change in Relative Difference by County for ADD-C&M—White



The following are the key findings for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase—White* indicator-racial/ethnic group combination regional analysis:

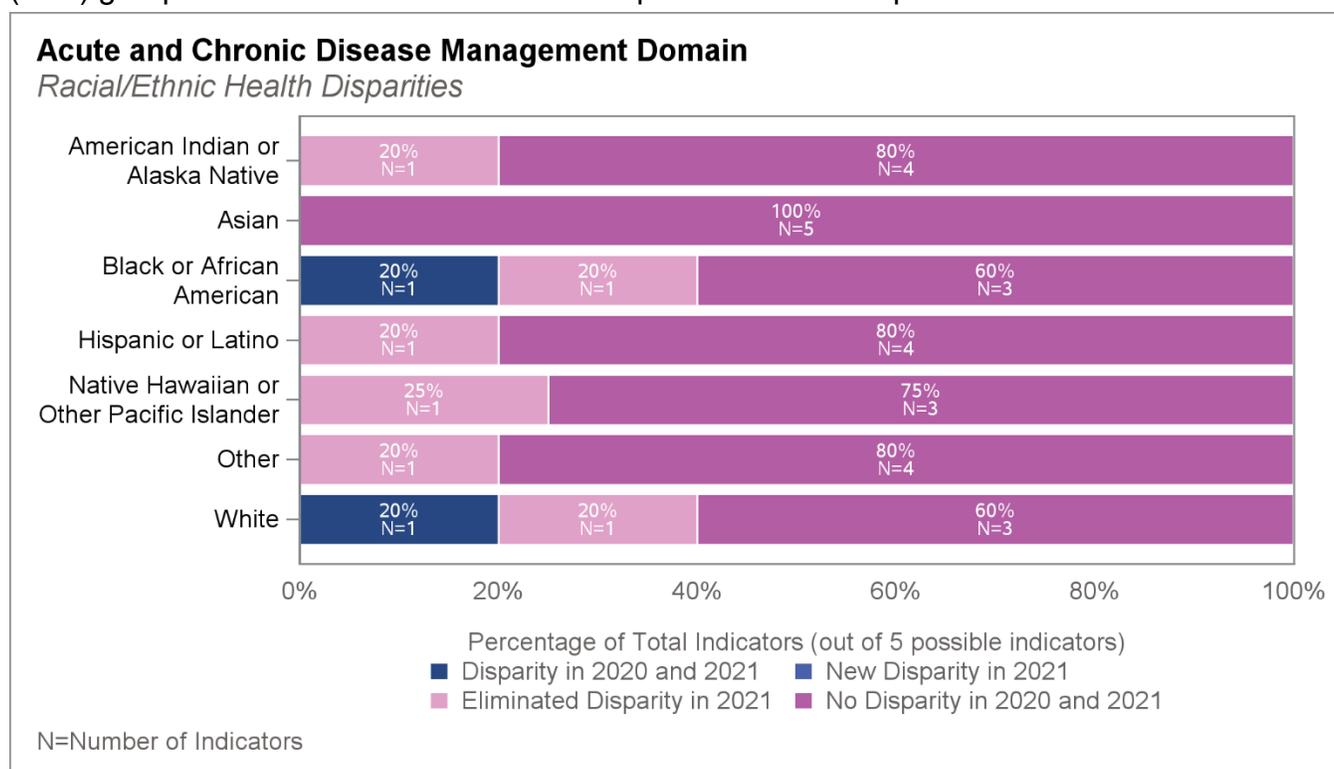
- ◆ Counties in the Southeastern and Southern Coast regions had high performance for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase—White* indicator-racial/ethnic group combination.
 - The rate for one of two (50.0 percent) counties with a reportable rate (San Bernardino) in the Southeastern region was in Quintile 4 for current year performance.
 - Rates for two of three (66.7 percent) counties with reportable rates (Los Angeles and San Diego) in the Southern Coast region were in Quintile 5.
- ◆ The rate for the one county with a reportable rate (Fresno) in the San Joaquin Valley region was in Quintile 1 for current year performance. While this county was also in Quintile 5 for trending results, the rate for the White racial/ethnic group in this county was still below the minimum performance level by more than 9 percentage points.

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 3.64 displays the percentage and number of Acute and Chronic Disease Management domain indicators (out of five possible indicators) for which disparities were identified or were not identified for each racial/ethnic group in addition to newly identified and eliminated disparities within the Acute and Chronic Disease Management domain.

Figure 3.64—Racial/Ethnic Health Disparities Summary: Acute and Chronic Disease Management Domain

Note: Due to small numerators or denominators, the Native Hawaiian or Other Pacific Islander (N=4) group was not evaluated for health disparities for all five possible indicators.



The following key findings were identified for the Acute and Chronic Disease Management domain:

- ◆ No persistent disparities improved from measurement year 2020 to measurement year 2021. The following persistent disparities worsened from measurement year 2020 to measurement year 2021:

- *Asthma Medication Ratio—Total* indicator rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had a persistent, worsening disparity identified.
- ◆ Eliminated disparities were identified for the *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total* indicator rates for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, native Hawaiian or Other Pacific Islander, Other, and White).
- ◆ An emerging disparity was identified for the *Use of Opioids at High Dosage in Persons Without Cancer—Total—Other* indicator-racial/ethnic group combination.
- ◆ No new, widespread, or large disparities were identified for the Acute and Chronic Disease Management domain.

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

Based on evaluating the results of the key findings above, the following indicators were determined to be key findings for the Acute and Chronic Disease Management domain:

- ◆ *Asthma Medication Ratio—Total*
- ◆ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)—Total*

Please note, the results for the *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total* and *Plan All-Cause Readmissions—Observed Readmission Rate—Total* indicators were not considered to be key findings given that benchmarks were unavailable and disparities could not be identified. Please refer to Appendix C for the racial/ethnic rates for these indicators as well as other indicators in the Acute and Chronic Disease Management domain not considered key findings.

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

Figure 3.65 through Figure 3.72 display the racial/ethnic health disparities and applicable regional results for indicators with results determined to be key findings 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 measurement year 2021 statewide average, high performance level, where applicable, and minimum performance level/median state performance rate, where applicable, are displayed as rates on top of the figure and as dotted lines in the figure.

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 3.65 through Figure 3.69 display the statewide racial/ethnic and applicable regional-level results for the *Asthma Medication Ratio—Total (AMR)* indicator in addition to identified health disparities.

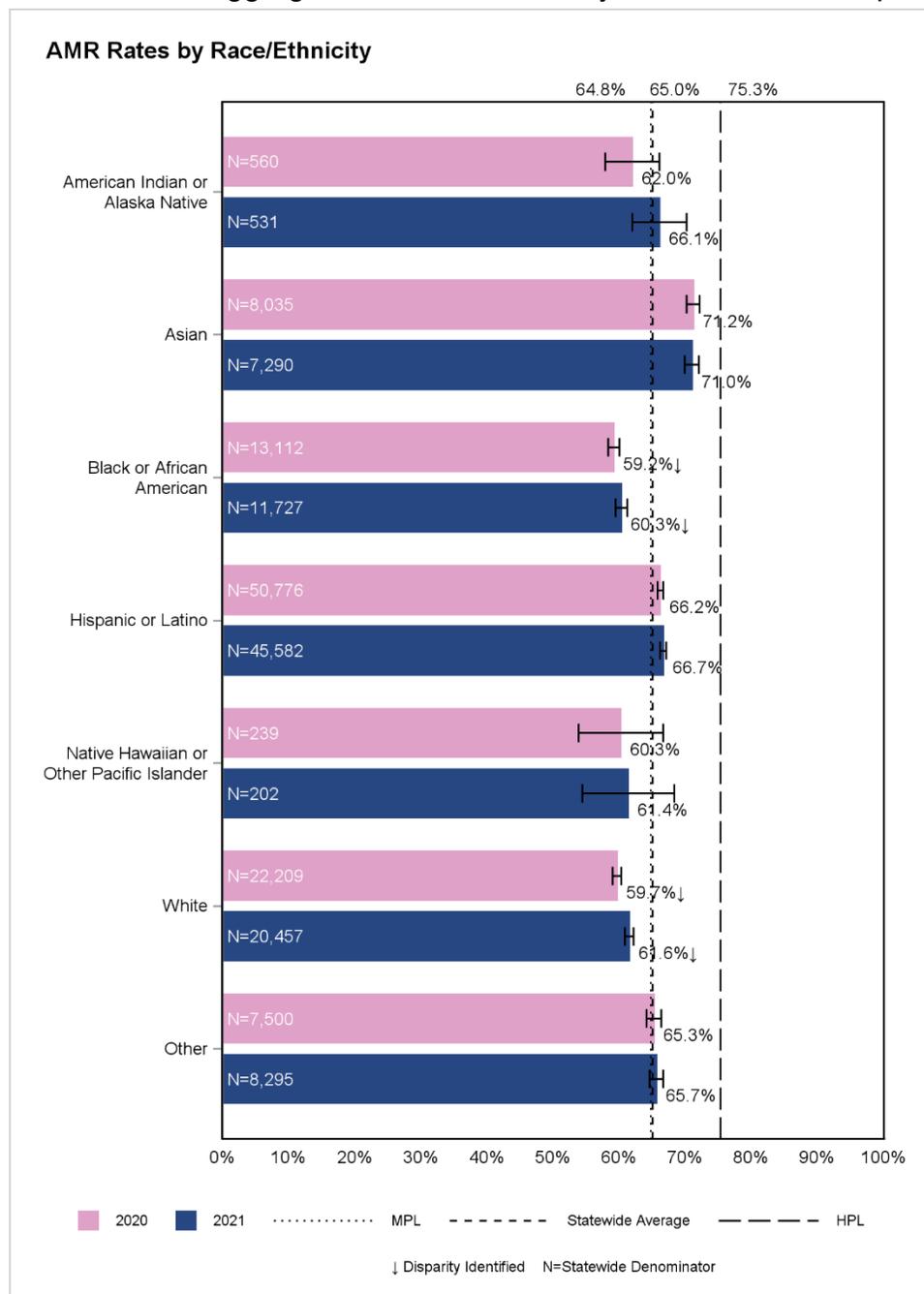
Figure 3.65—Asthma Medication Ratio—Total (AMR) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 66.1 percent (N=3,807) and 65.9 percent (N=3,529), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 62.4 percent and 73.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 64.3 percent.



The following key findings were identified for the *Asthma Medication Ratio—Total* indicator:

- ◆ From measurement year 2020 to measurement year 2021, rates for two of seven (28.6 percent) racial/ethnic groups (Black or African American and White) had a persistent, worsening disparity identified, and no persistent disparities improved.
- ◆ No eliminated, new, widespread, large, or emerging disparities were identified for the *Asthma Medication Ratio—Total* indicator.

Figure 3.66—Asthma Medication Ratio—Total (AMR)—Black or African American—Current Year Map

Current Rates by County for AMR—Black or African American

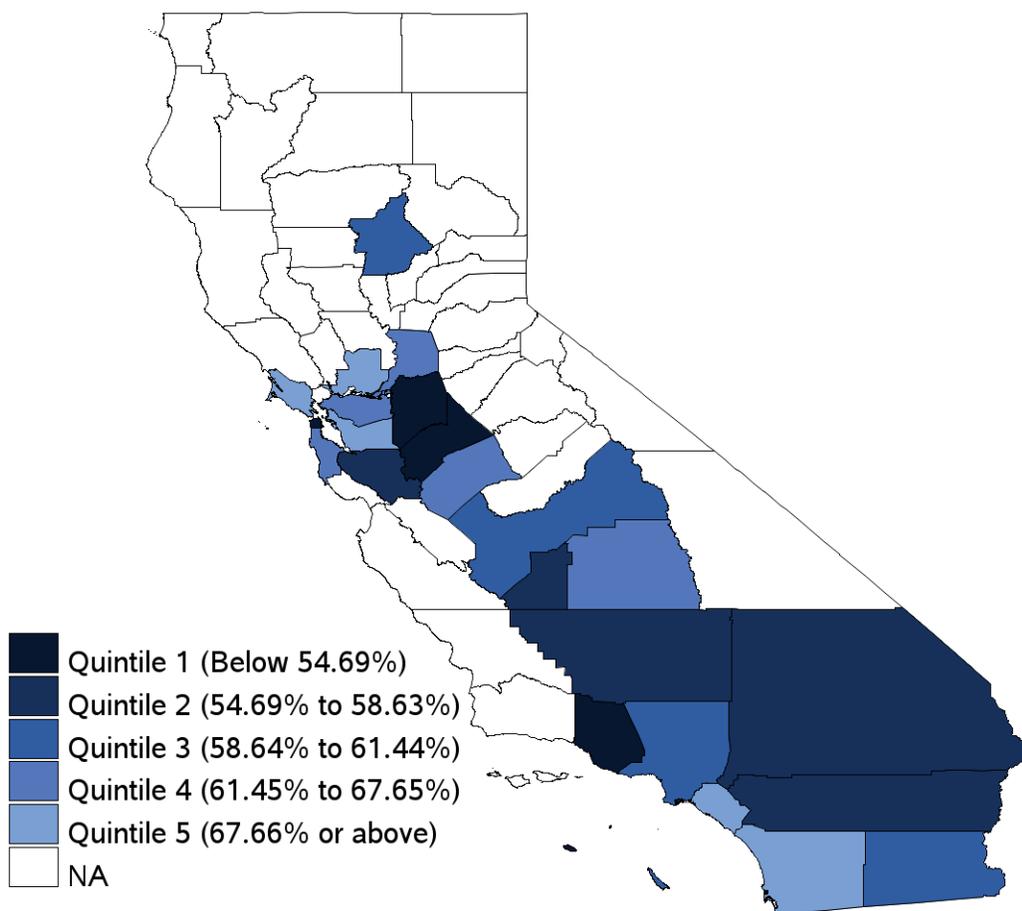
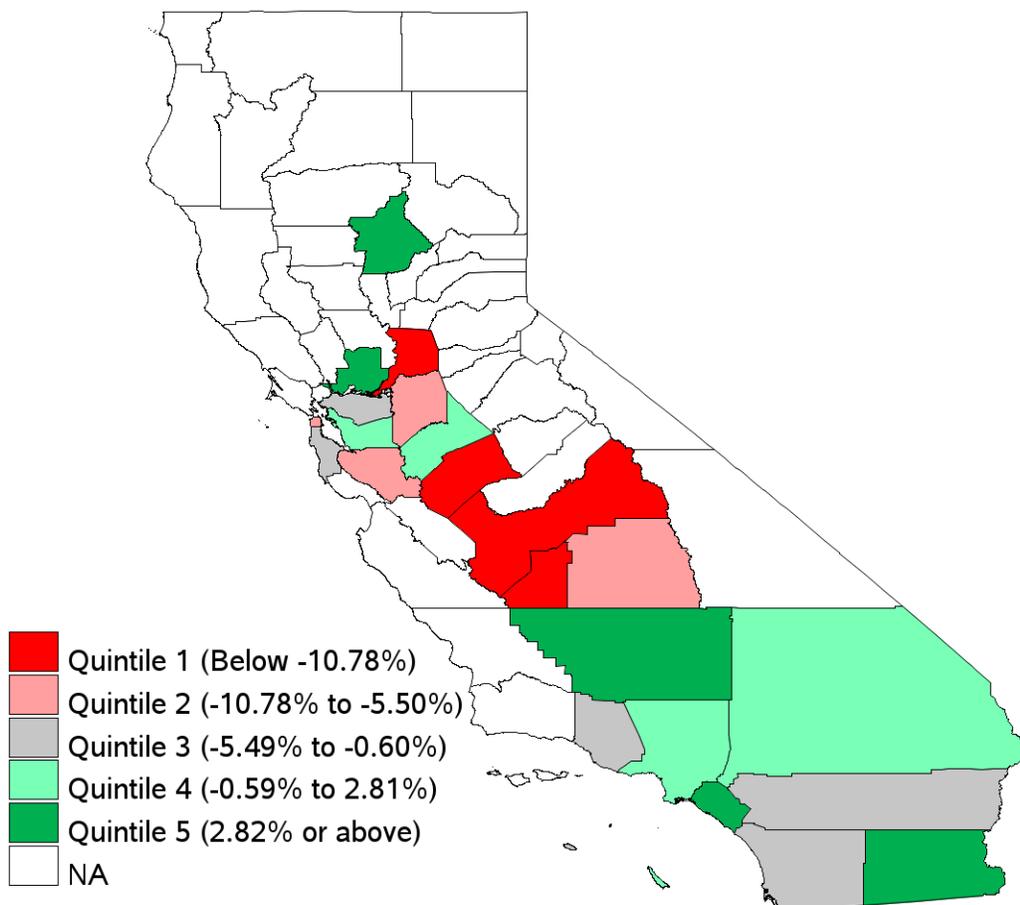


Figure 3.67—Asthma Medication Ratio—Total (AMR)—Black or African American—Trending Map

Relative Difference by County for AMR—Black or African American



The following are the key findings for the *Asthma Medication Ratio—Total—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ Counties in the San Joaquin Valley and Southeastern regions had low performance for the *Asthma Medication Ratio—Total—Black or African American* indicator-racial/ethnic group combination.
 - Rates for four of seven (57.1 percent) counties with reportable rates (Kern, Kings, San Joaquin, and Stanislaus) in the San Joaquin Valley region were in the bottom two quintiles for current year performance.
 - Rates for two of three (66.7 percent) counties (Riverside and San Bernardino) in the Southeastern region were in Quintile 2 for current year performance.
- ◆ Counties in the San Francisco Bay/Sacramento and Southern Coast regions had high performance for the *Asthma Medication Ratio—Total—Black or African American* indicator-racial/ethnic group combination.

- Rates for six of eight (75.0 percent) counties with reportable rates (Alameda, Contra Costa, Marin, Sacramento, San Mateo, and Solano) in the San Francisco Bay/Sacramento region were in the top two quintiles for current year performance.
- Rates for two of three (66.7 percent) counties (Orange and San Diego) in the Southern Coast region were in the top two quintiles for current year performance. Additionally, rates for two counties (Los Angeles and Orange) were in the top two quintiles for trending results.

Figure 3.68—Asthma Medication Ratio—Total (AMR)—White—Current Year Map

Current Rates by County for AMR—White

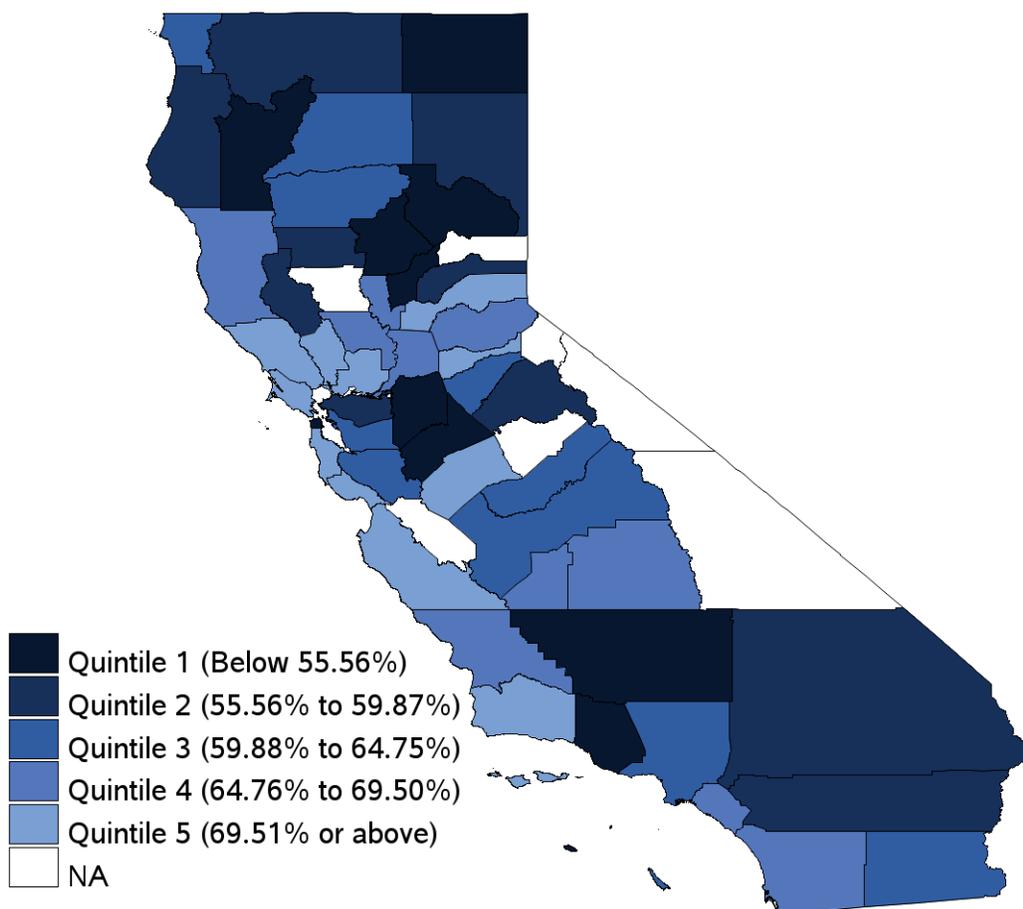
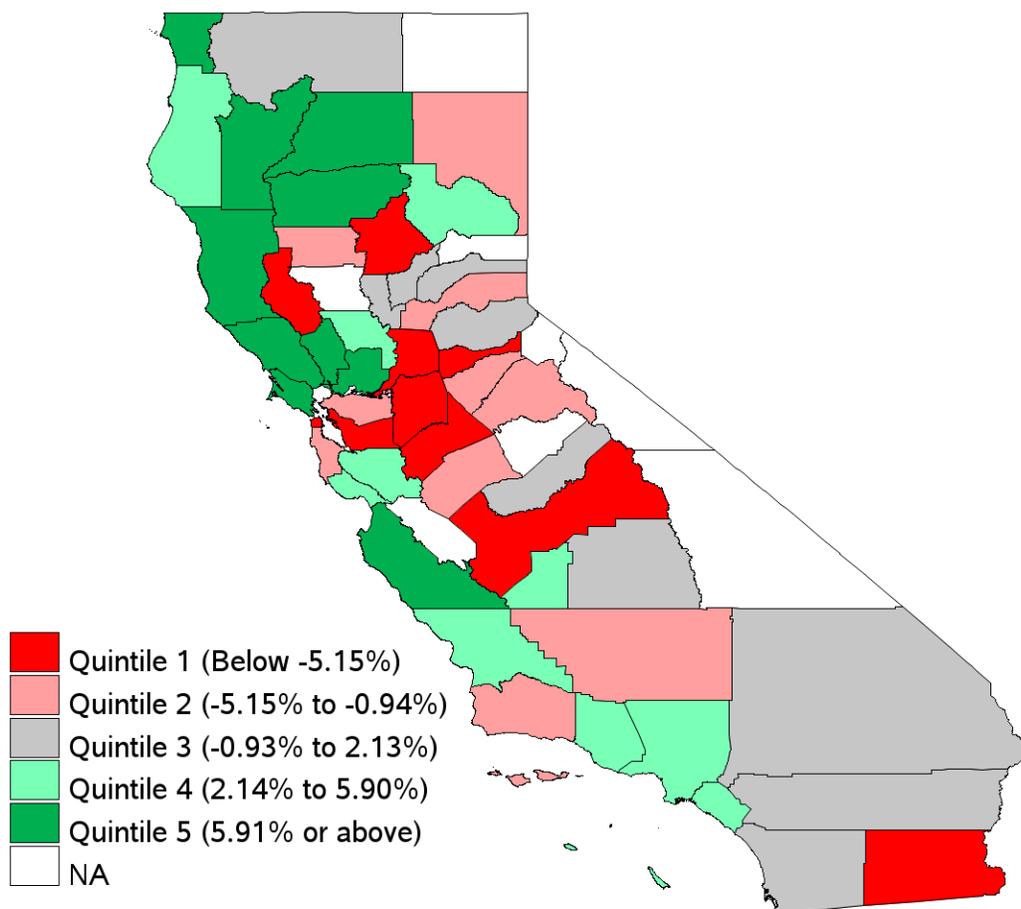


Figure 3.69—Asthma Medication Ratio—Total (AMR)—White—Trending Map

Relative Difference by County for AMR—White



The following are the key findings for the *Asthma Medication Ratio—Total—White* indicator-racial/ethnic group combination regional analysis:

- ◆ Rural counties had low performance for the *Asthma Medication Ratio—Total—White* indicator-racial/ethnic group combination.
 - Reportable rates for 12 of 21 (57.1 percent) rural counties were in the bottom two quintiles for current year performance. Additionally, all 12 rural counties were in the North/Mountain region.
- ◆ Urban counties had high performance for the *Asthma Medication Ratio—Total—White* indicator-racial/ethnic group combination.
 - Reportable rates for 16 of 30 (53.3 percent) urban counties were in the top two quintiles for current year performance.
- ◆ Counties in the North/Mountain and Southeastern regions had low performance for the *Asthma Medication Ratio—Total—White* indicator-racial/ethnic group combination.

- Rates for 12 of 22 (54.5 percent) counties with reportable rates (Butte, Glenn, Humboldt, Lake, Lassen, Modoc, Nevada, Plumas, Siskiyou, Trinity, Tuolumne, and Yuba) in the North/Mountain region were in the bottom two quintiles for current year performance.
- Rates for two of three (66.7 percent) counties (Riverside and San Bernardino) in the Southeastern region were in Quintile 2 for current year performance.
- ◆ Counties in the Central Coast, San Francisco Bay/Sacramento, and Southern Coast regions had high performance for the *Asthma Medication Ratio—Total—White* indicator—racial/ethnic group combination.
 - Rates for four of five (80.0 percent) counties with reportable rates (Monterey, San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast region were in the top two quintiles for current year performance. Additionally, four of five (80.0 percent) counties with reportable rates (Monterey, San Luis Obispo, Santa Cruz, and Ventura) were in the top two quintiles for trending results.
 - Rates for six of 10 (60.0 percent) counties (Marin, Napa, Sacramento, San Mateo, Solano, and Sonoma) in the San Francisco Bay/Sacramento region were in the top two quintiles for current year performance.
 - Rates for two of three (66.7 percent) counties (Orange and San Diego) in the Southern Coast region were in Quintile 4 for current year performance. Additionally, two of three (66.7 percent) counties (Los Angeles and Orange) were in Quintile 4 for trending results.

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 3.70 through Figure 3.72 display the statewide racial/ethnic and applicable regional-level results for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9)* indicator in addition to identified health disparities.

Figure 3.70—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9) Rates by Race/Ethnicity

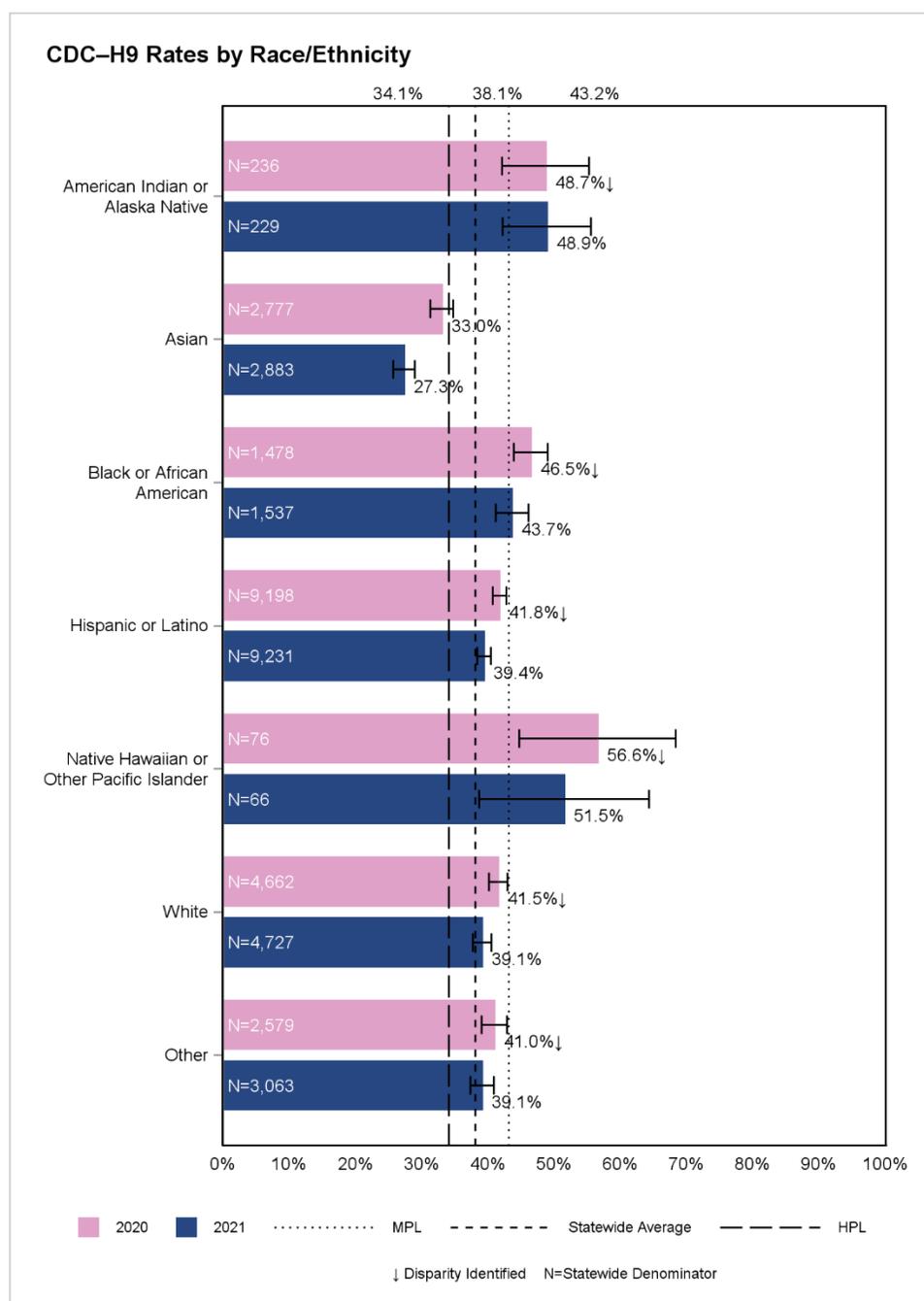
Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 39.5 percent (N=767) and 37.0 percent (N=808), respectively.

A lower rate indicates more favorable performance for this indicator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.5 percent and 28.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 40.9 percent.



The following key findings were identified for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator:

- ◆ Six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White) had an eliminated disparity identified.
- ◆ Widespread disparities were identified, with six of seven (85.7 percent) racial/ethnic group rates (American Indian or Alaska Native, Black or African American, Hispanic or Latino,

Native Hawaiian or Other Pacific Islander, Other, and White) having disparities identified in measurement year 2020; however, all of these disparities were eliminated in measurement year 2021.

- ◆ No persistent, new, large, or emerging disparities were identified for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* indicator.

Figure 3.71—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9)—Black or African American—Current Year Map

Current Rates by County for CDC–H9—Black or African American

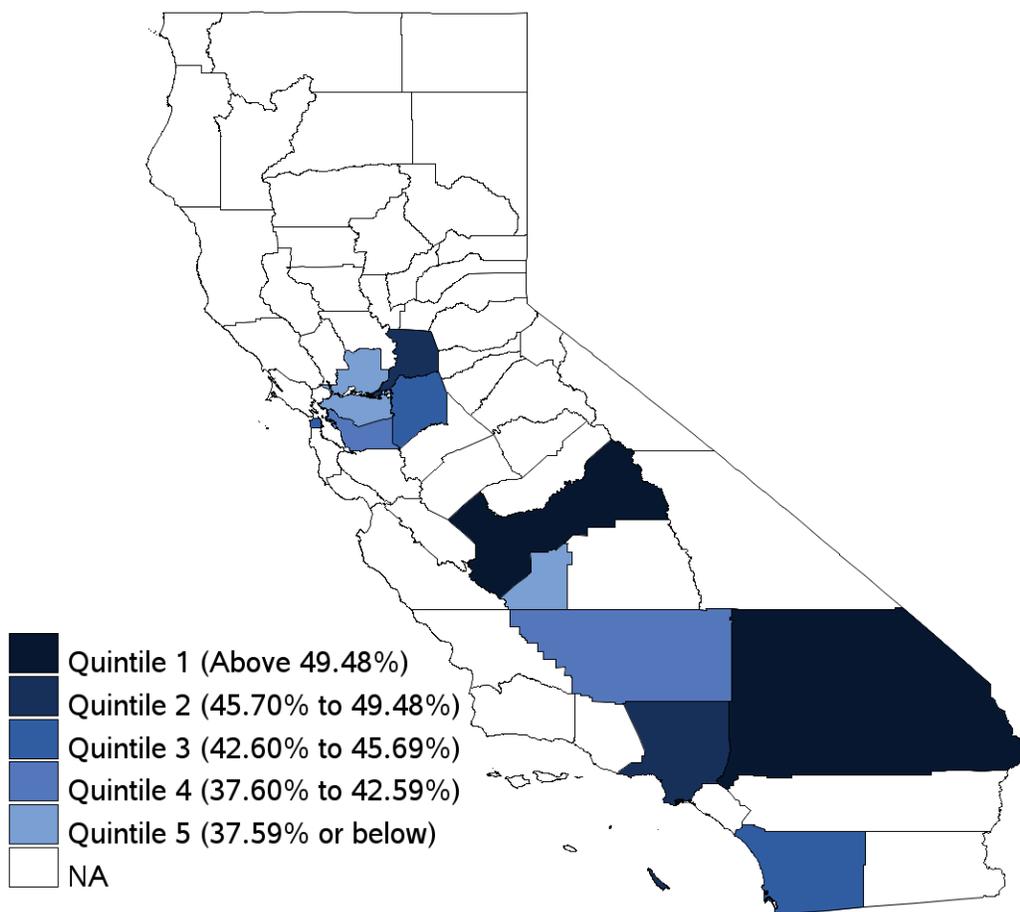
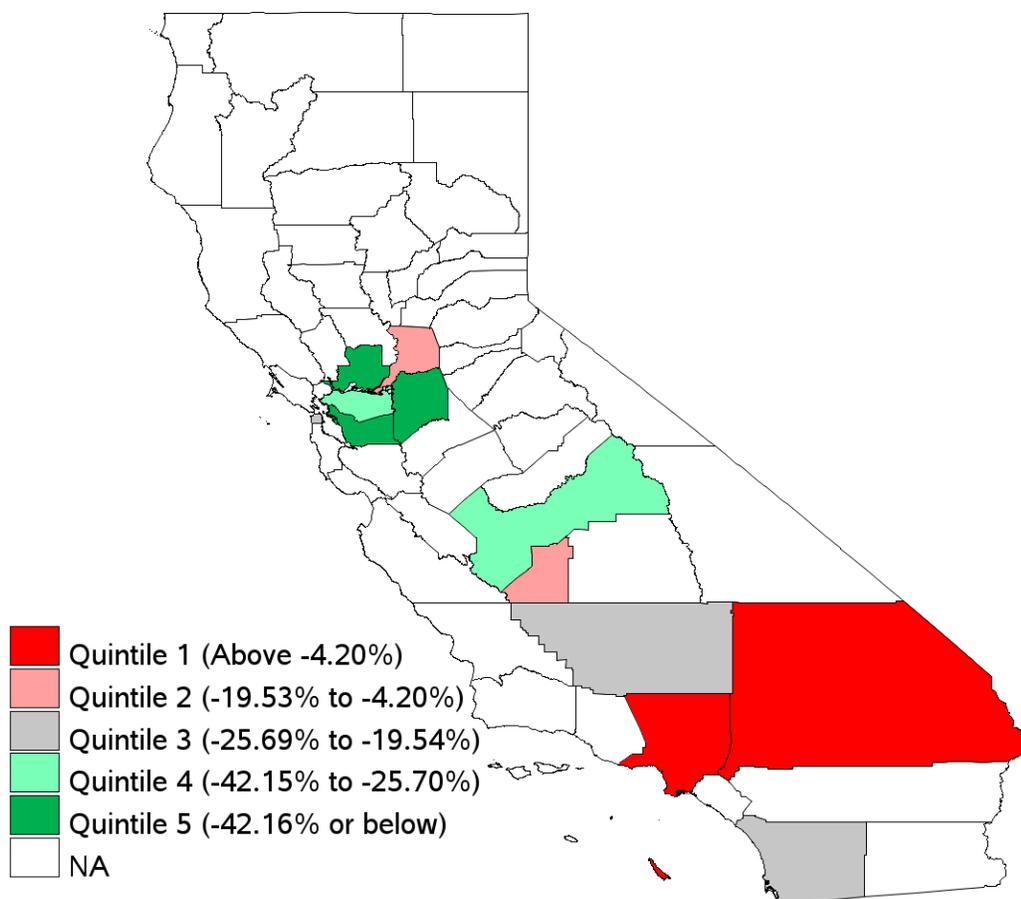


Figure 3.72—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9)—Black or African American—Trending Map

Relative Difference by County for CDC–H9—Black or African American



The following are the key findings for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)—Black or African American* indicator-racial/ethnic group combination regional analysis:

- ◆ The rate for San Bernardino County in the Southeastern region was in the bottom quintile for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)—Black or African American* indicator-racial/ethnic group combination. Of note, the rate for the Black or African American racial/ethnic group in San Bernardino County increased (i.e., worsened) by more than a 35 percent relative difference from measurement year 2020 to measurement year 2021.
- ◆ Counties in the San Francisco Bay/Sacramento region had high performance for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)—Black or African American* indicator-racial/ethnic group combination.
 - Rates for three of five (60.0 percent) counties with reportable rates (Alameda, Contra Costa, and Solano) in the San Francisco Bay/Sacramento region were in the top two quintiles for current year performance.

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:

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

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

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

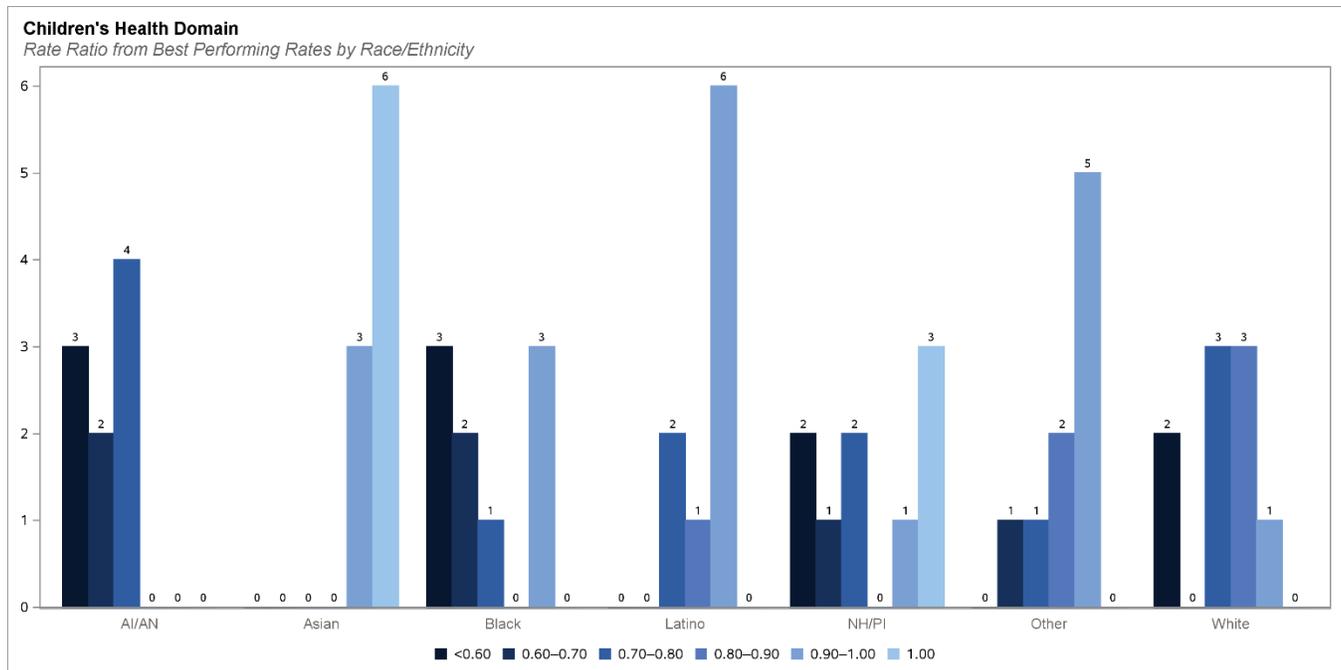
Please note, the *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total* indicator was not included in the highest performing group analysis as a higher or lower rate is not indicative of better or worse performance for this indicator. Additionally, the Unknown/Missing group was excluded 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).



- ◆ The Asian racial/ethnic group had the highest performing rate for six of nine indicators (66.7 percent) in the Children’s Health domain, with the three remaining indicator rates 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
 - Hispanic or Latino
 - Other
 - 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 (55.6 percent)
 - Black or African American (55.6 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 (three rates)

- Black or African American (three rates)
- Native Hawaiian or Other Pacific Islander (two rates)
- White (two rates)
- ◆ 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 51.0 percent. The rate ratio for the Unknown/Missing group was 0.962 (N=182,090).

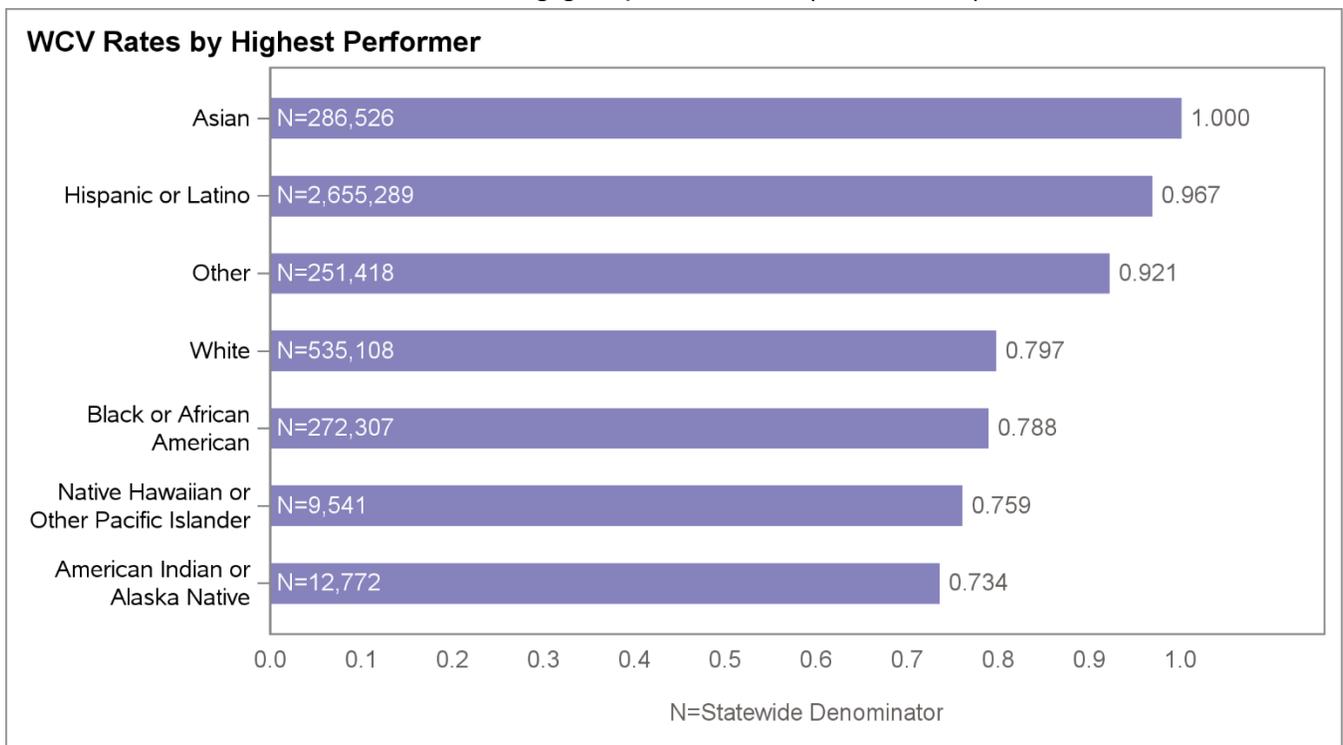


Figure A.3—Childhood Immunization Status—Combination 10 (CIS–10) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 56.4 percent. The rate ratio for the Unknown/Missing group was 0.552 (N=3,236).

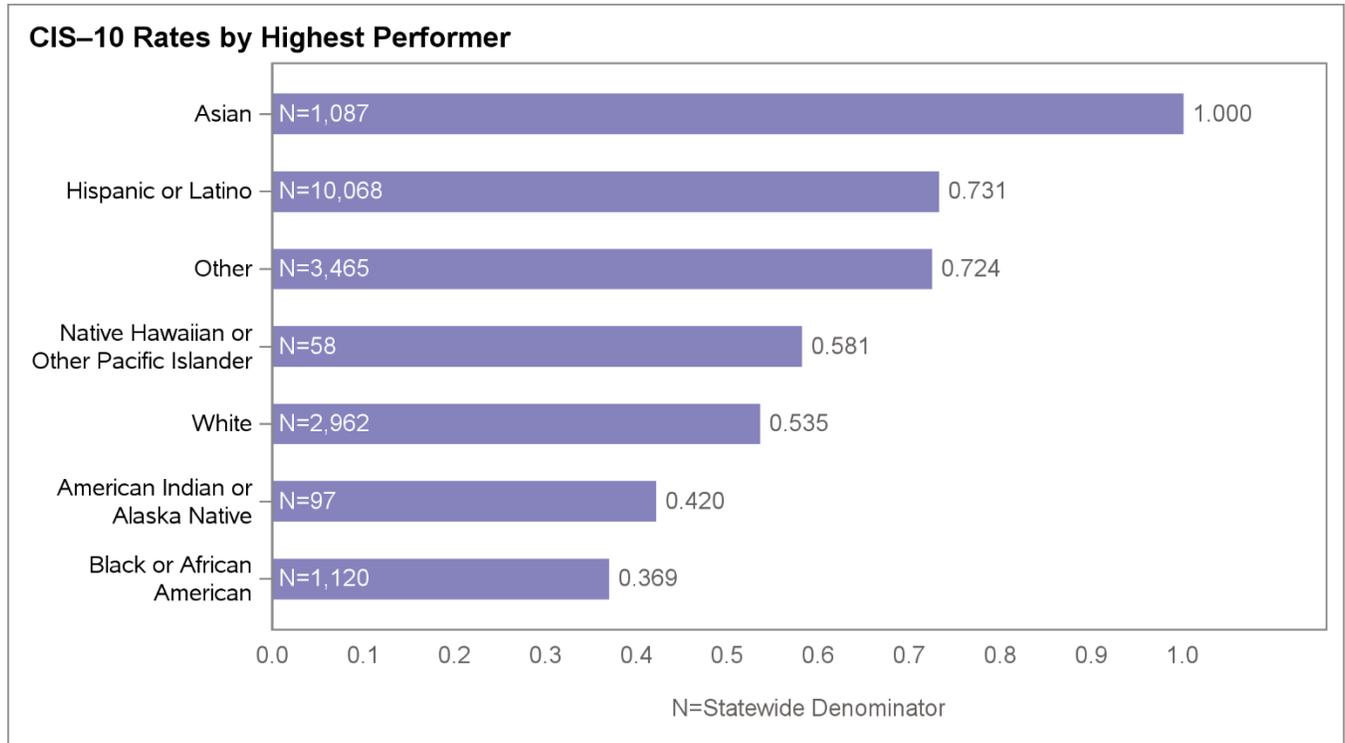


Figure A.4—Developmental Screening in the First Three Years of Life—Total (DEV) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 36.2 percent. The rate ratio for the Unknown/Missing group was 0.687 (N=60,590).

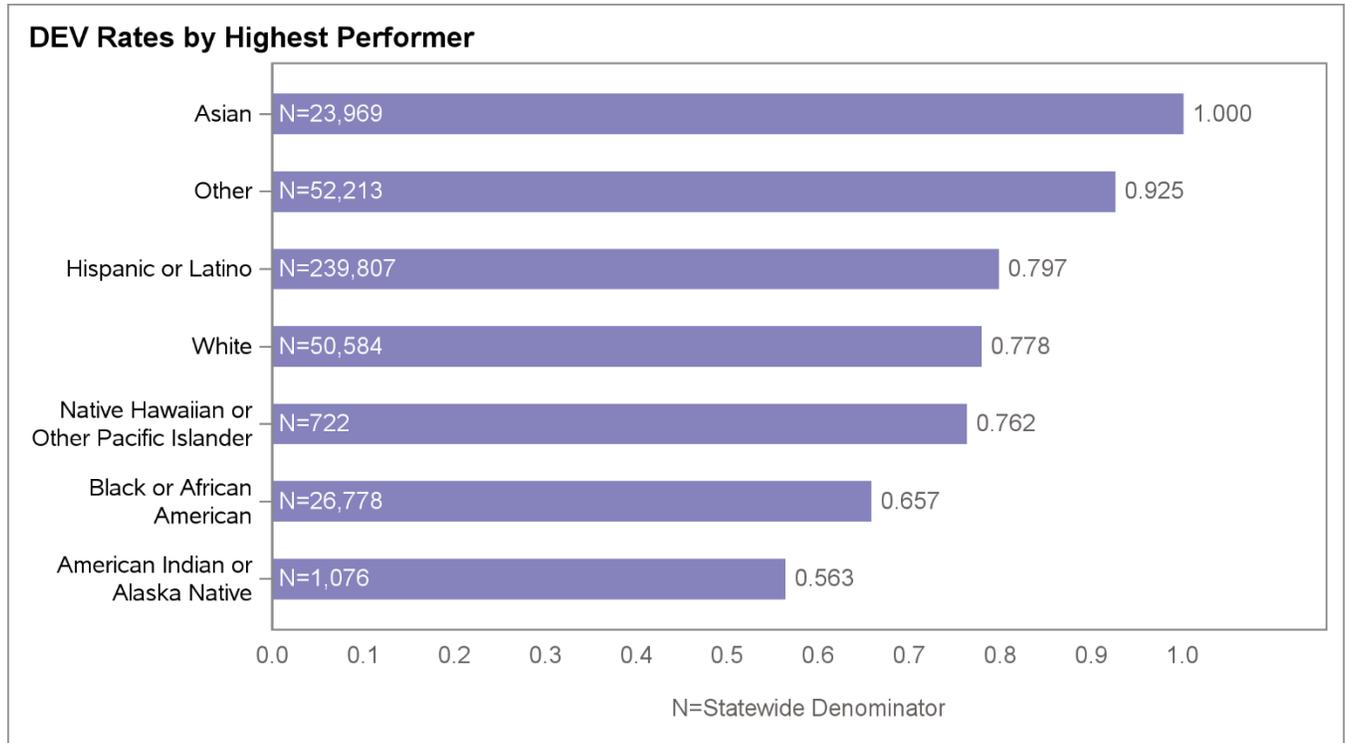


Figure A.5—Immunizations for Adolescents—Combination 2 (IMA–2) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 45.8 percent. The rate ratio for the Unknown/Missing group was 0.639 (N=485).

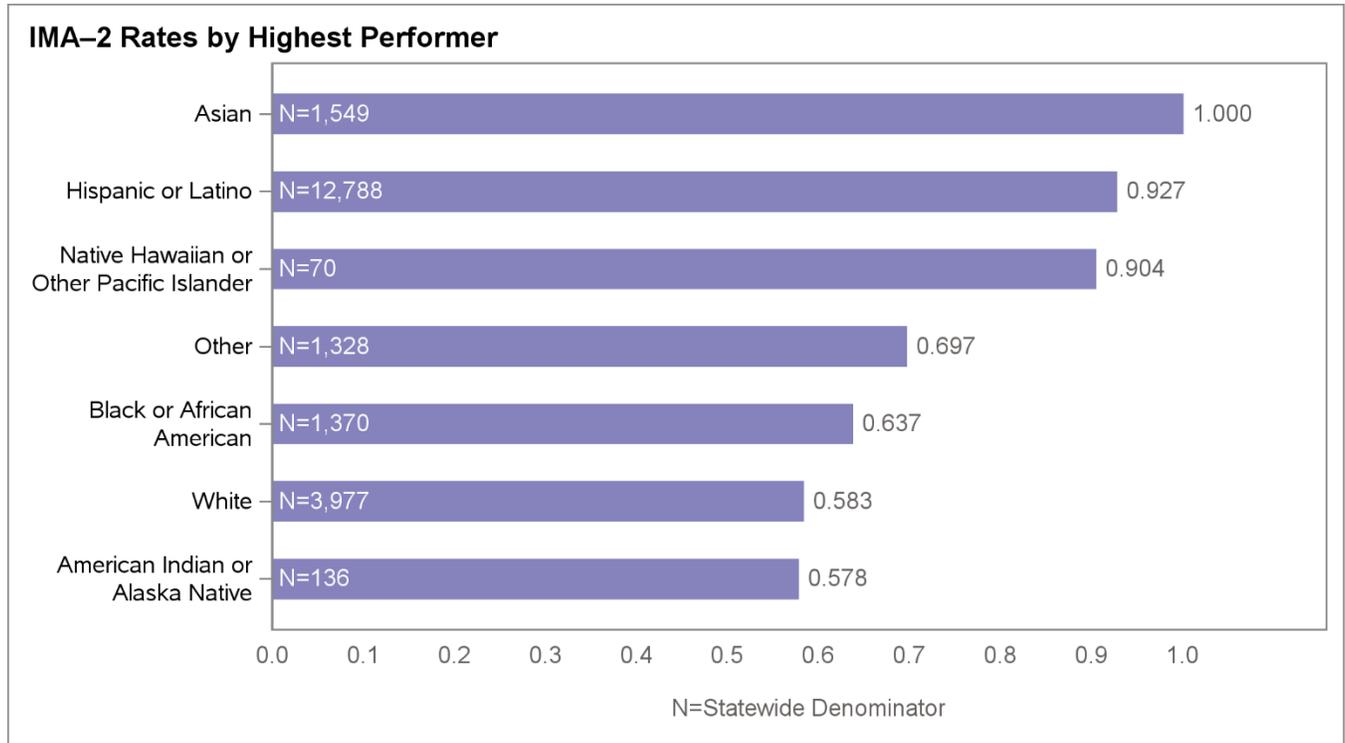


Figure A.6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 86.4 percent.

The rate ratio for the Unknown/Missing group was 0.952 (N=1,107).

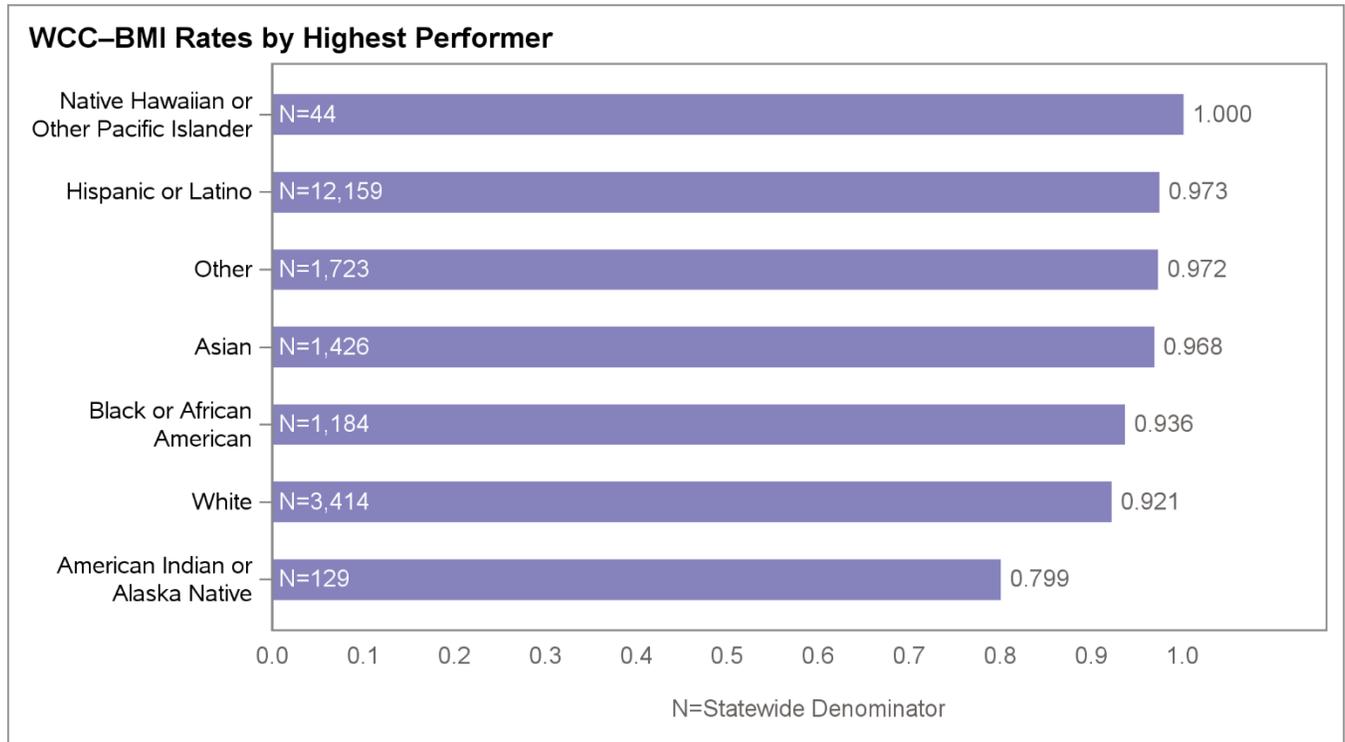


Figure A.7—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 84.1 percent.

The rate ratio for the Unknown/Missing group was 0.883 (N=1,107).

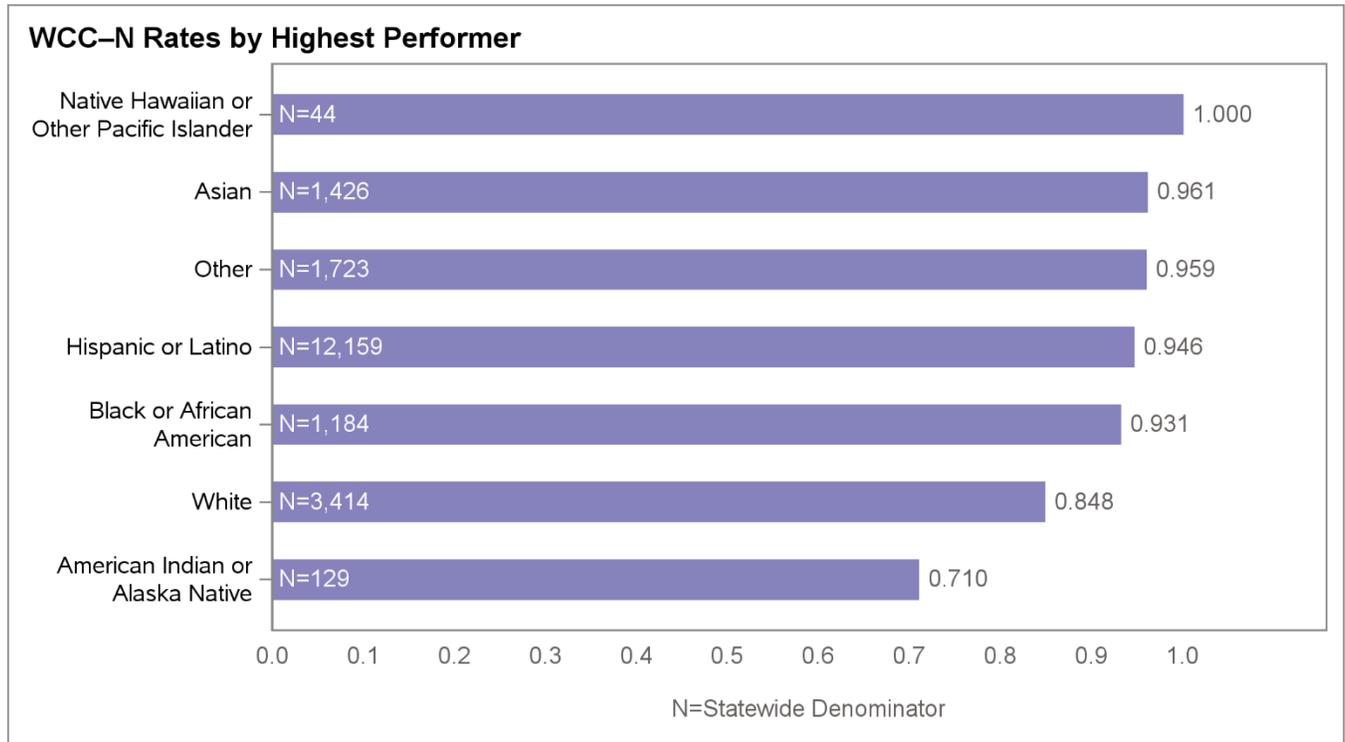


Figure A.8—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 84.1 percent.

The rate ratio for the Unknown/Missing group was 0.844 (N=1,107).

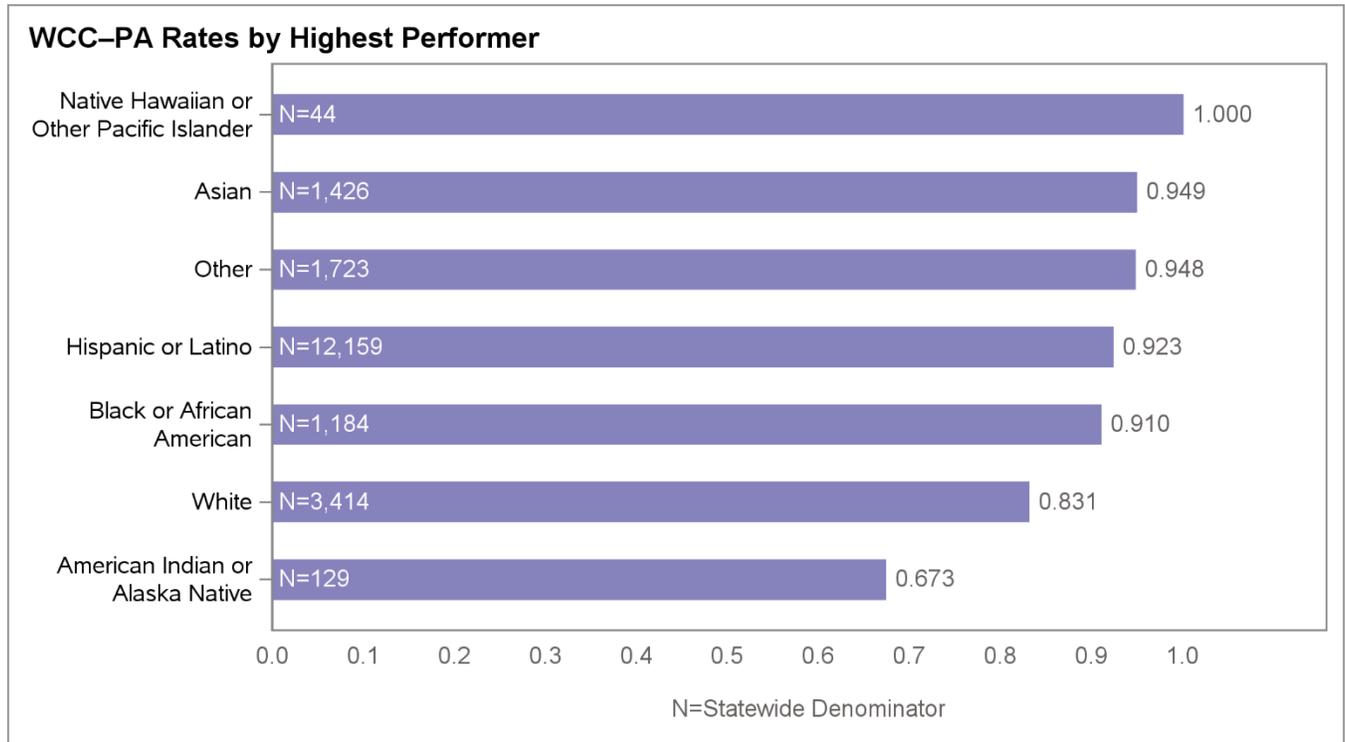


Figure A.9—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 49.9 percent. The rate ratio for the Unknown/Missing group was 0.733 (N=15,652).

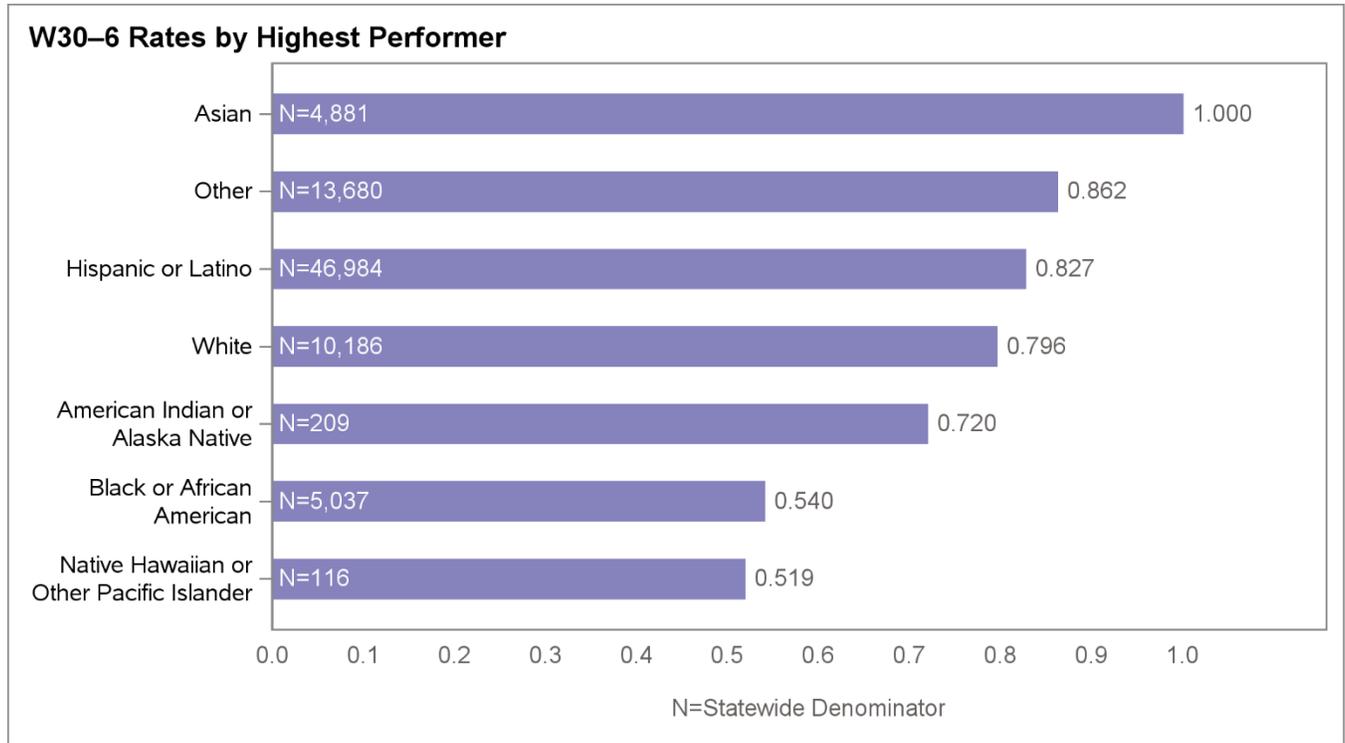
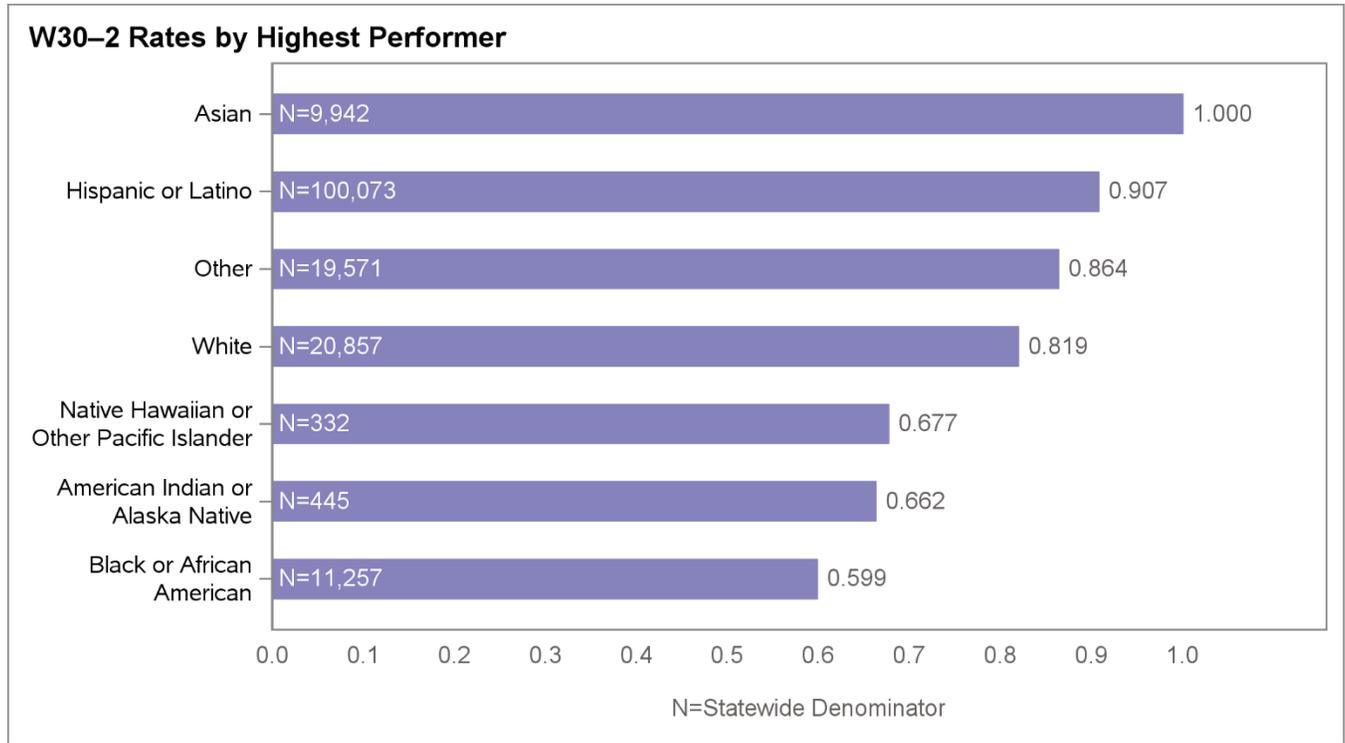


Figure A.10—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) by Highest Performing Group

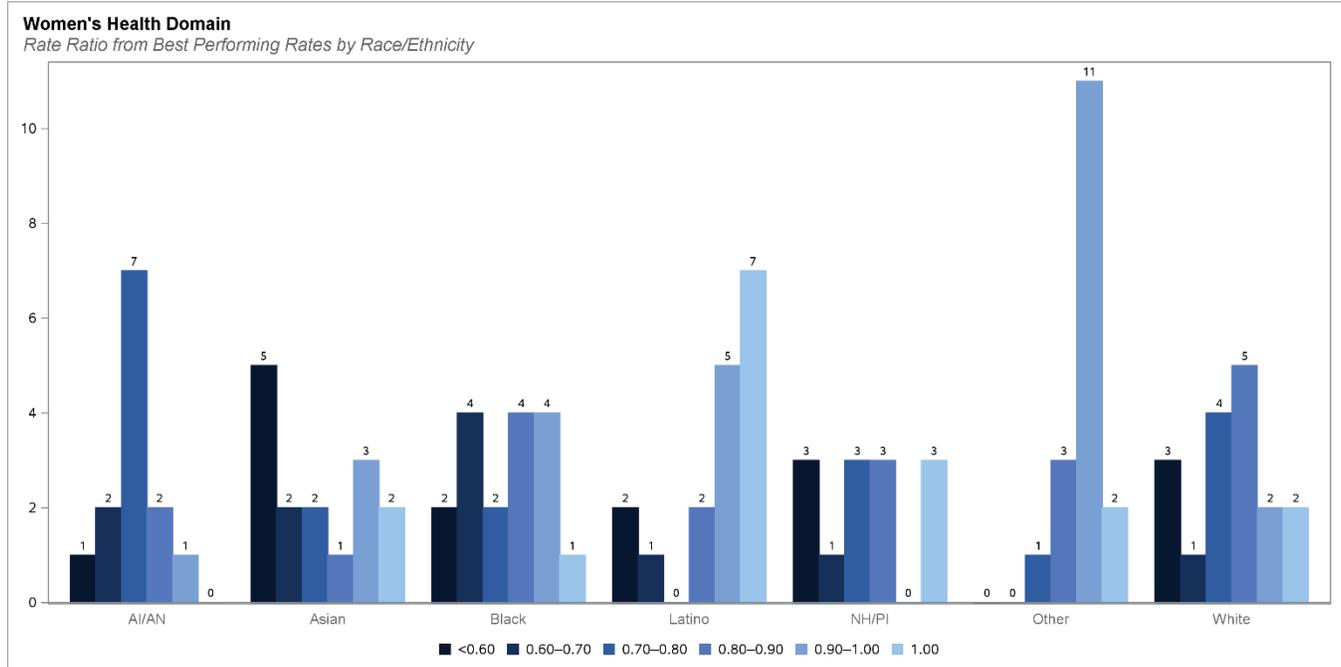
Note: The highest performing group (i.e., the Asian group) had a rate of 69.9percent. The rate ratio for the Unknown/Missing group was 0.787 (N=13,225).



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 Hispanic or Latino racial/ethnic group had the highest performing rate for seven of 17 indicators (41.2 percent) in the Women’s Health domain, with the seven of 10 of the remaining indicators (70.0 percent) at 80 percent or more of the highest performing group.
- ◆ The American Indian or Alaska Native racial/ethnic group did not have the highest performing rate for any indicators in the Women’s Health Domain.
- ◆ The Asian racial/ethnic group had indicator rates below 70 percent of the rates for the highest performing group for seven of the 17 indicators (41.2 percent) in the Women’s Health domain. Five of these seven 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 below 60 percent of the rate for the highest performing group:
 - American Indian or Alaska Native (one rate)
 - Asian (five rates)
 - Black or African American (two rates)
 - Hispanic or Latino (two rates)
 - Native Hawaiian or Other Pacific Islander (three rates)
 - White (three rates)

- ◆ For the *Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 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 (i.e., the Native Hawaiian or Other Pacific Islander group).
- ◆ For the *Contraceptive Care—All Women—LARC—Ages 15–20 Years* and *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years* indicators, three of six racial/ethnic groups (50.0 percent) had rates less than 60 percent of the rate for the highest performing group (i.e., the Other group).

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

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 60.0 percent.

The rate ratio for the Unknown/Missing group was 0.832 (N=21,325).

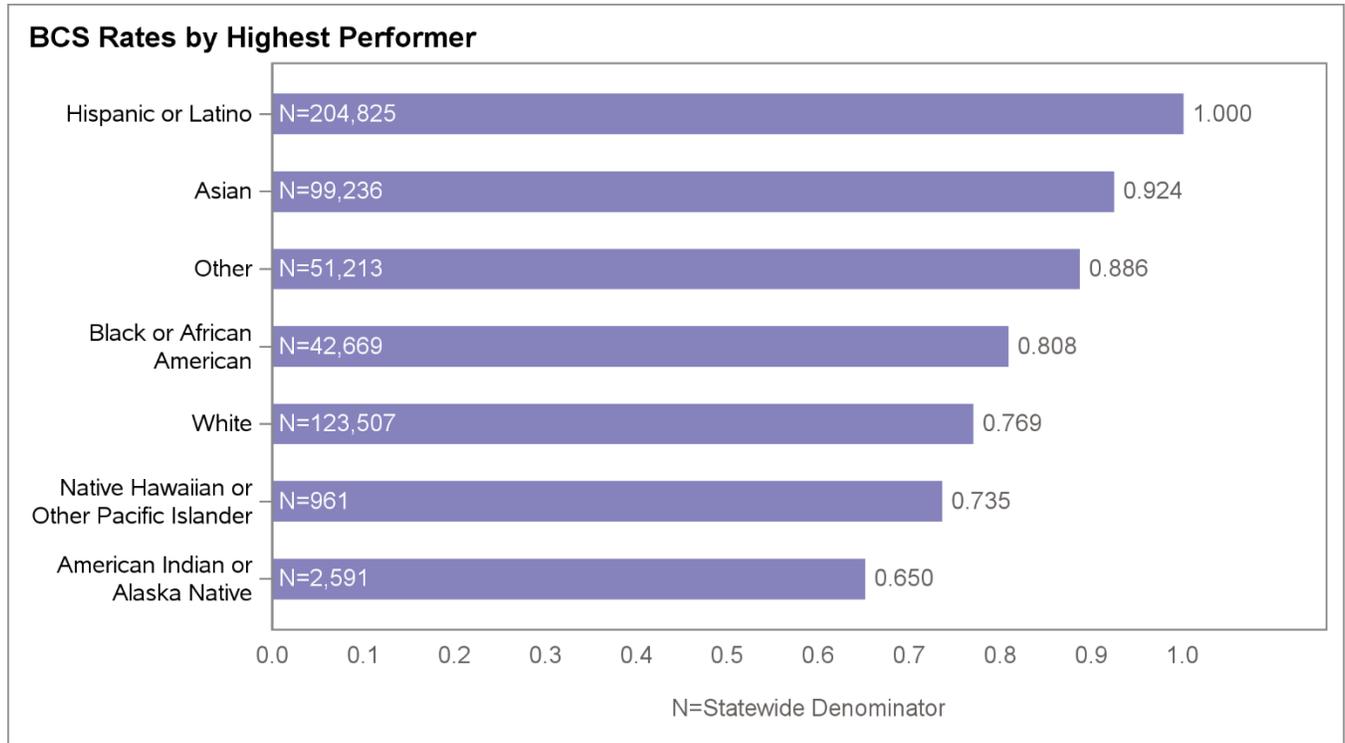


Figure A.13—Cervical Cancer Screening (CCS) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 61.0 percent.

The rate ratio for the Unknown/Missing group was 0.841 (N=729).

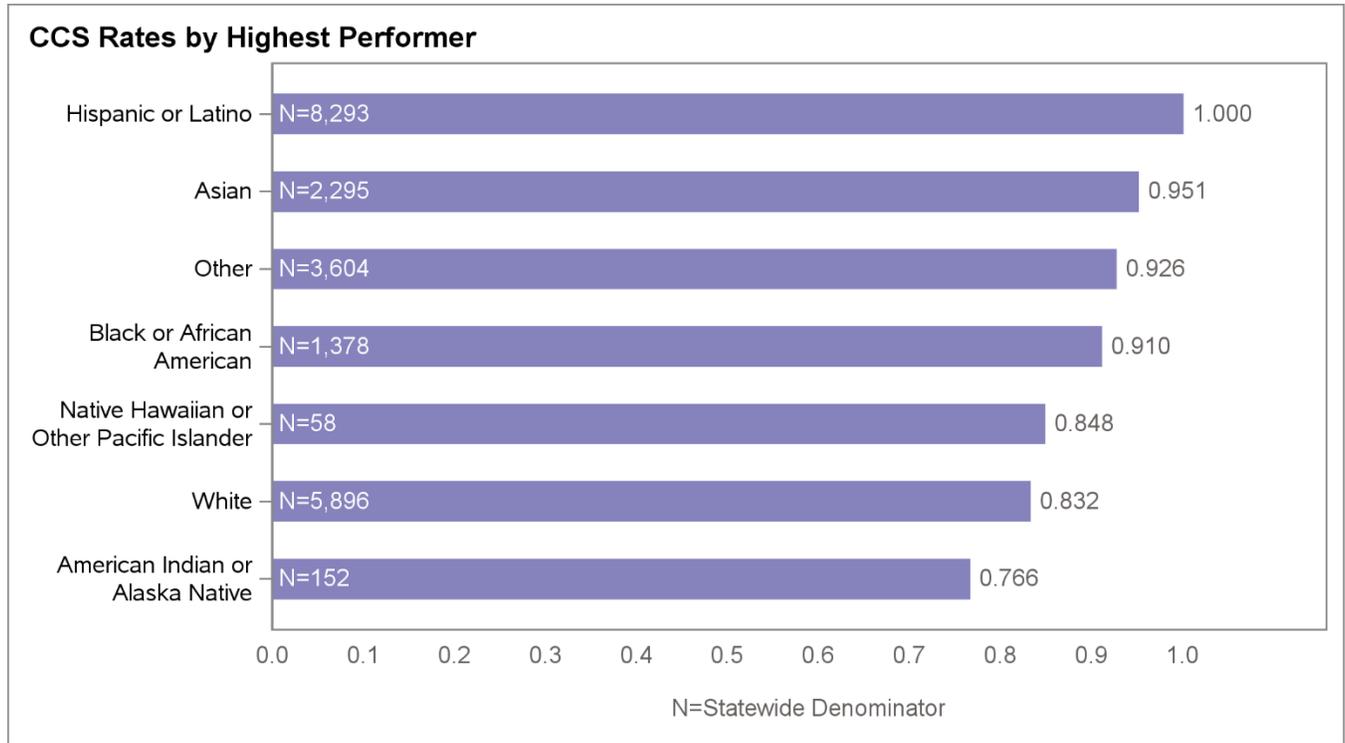


Figure A.14—Chlamydia Screening in Women—Total (CHL) by Highest Performing Group

Note: The highest performing group (i.e., the Black or African American group) had a rate of 71.3 percent.

The rate ratio for the Unknown/Missing group was 0.830 (N=8,017).

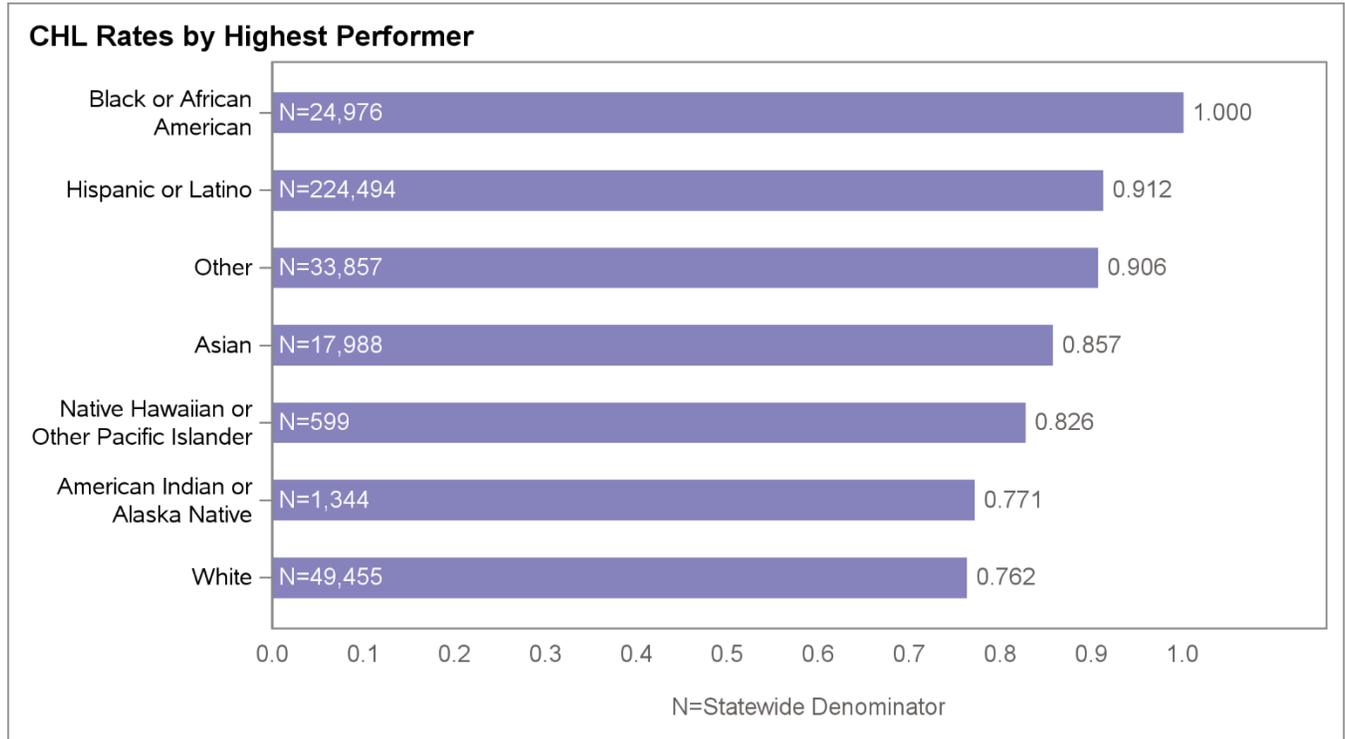


Figure A.15—Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 3.1 percent. The rate ratio for the Unknown/Missing group was 0.554 (N=13,422).

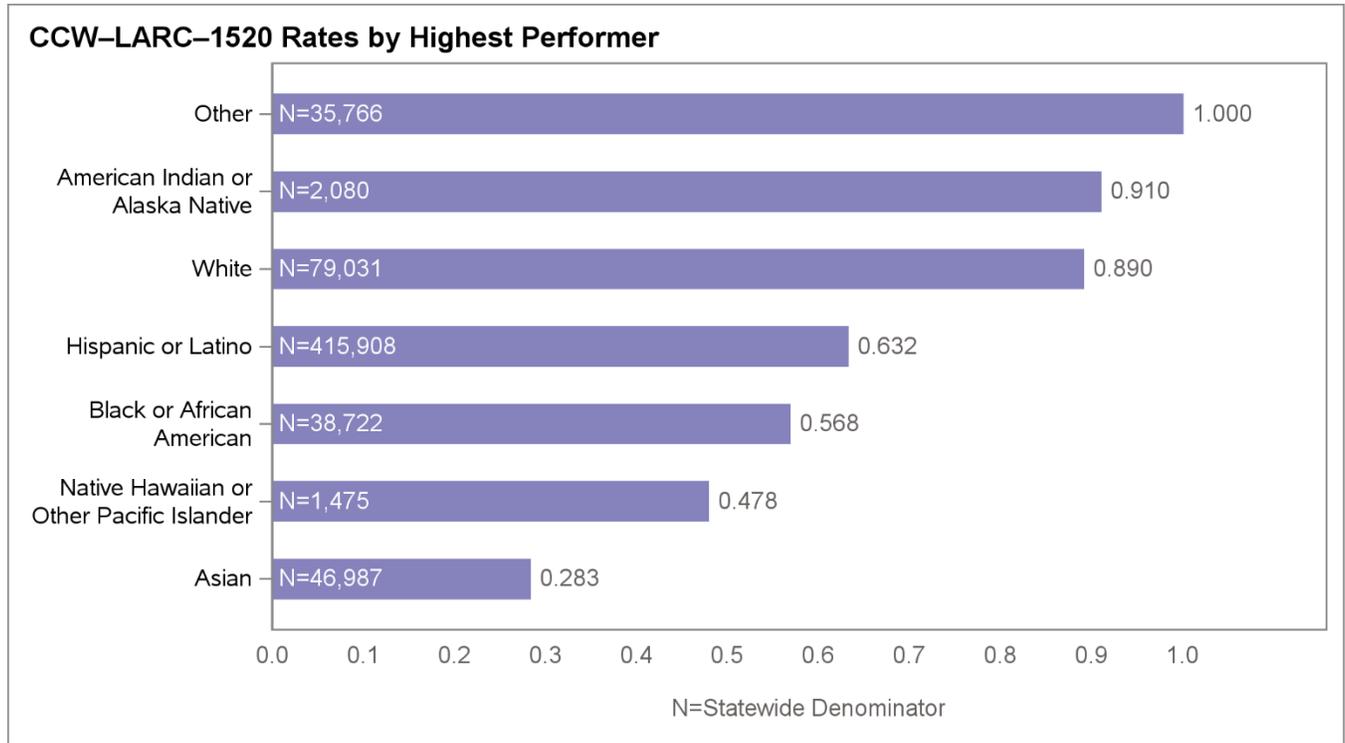


Figure A.16—Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 5.1 percent.

The rate ratio for the Unknown/Missing group was 0.713 (N=54,544).

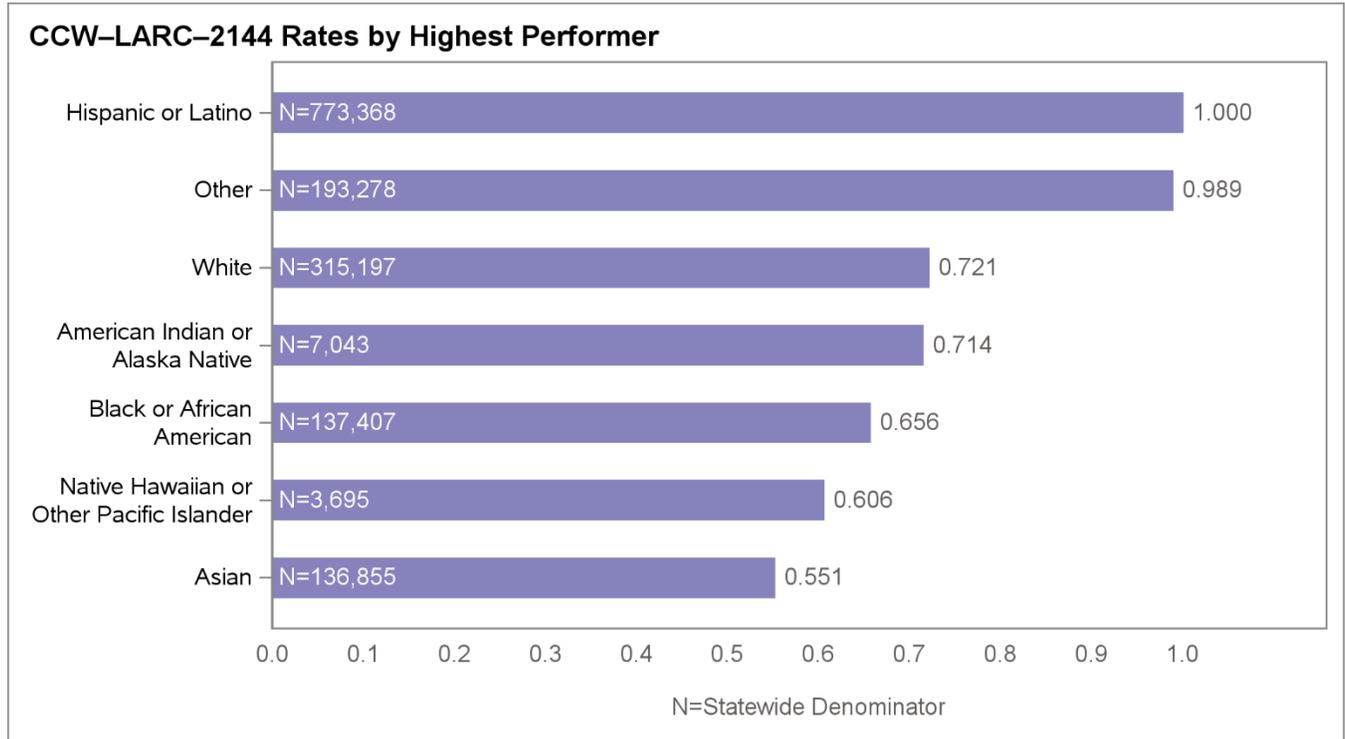


Figure A.17—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 22.1 percent. The rate ratio for the Unknown/Missing group was 0.627 (N=13,422).

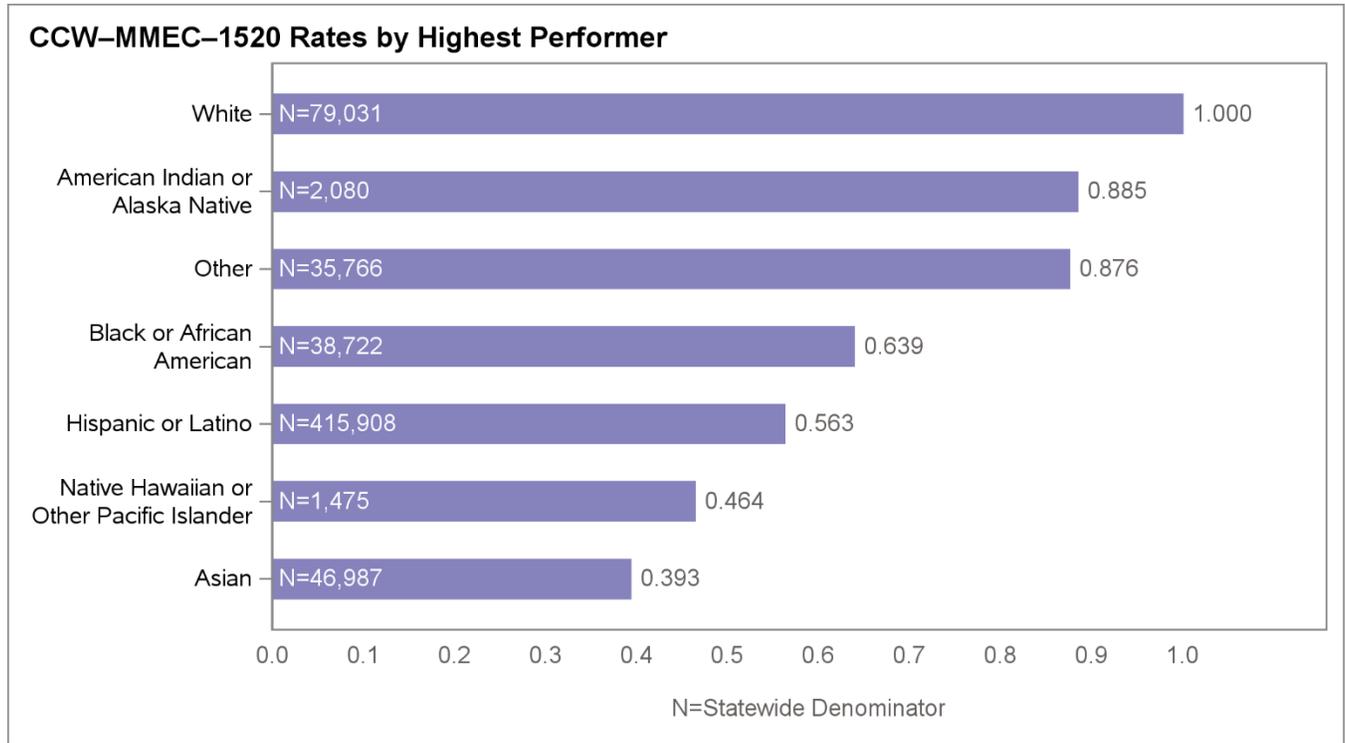


Figure A.18—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 24.9 percent.

The rate ratio for the Unknown/Missing group was 0.851 (N=54,544).

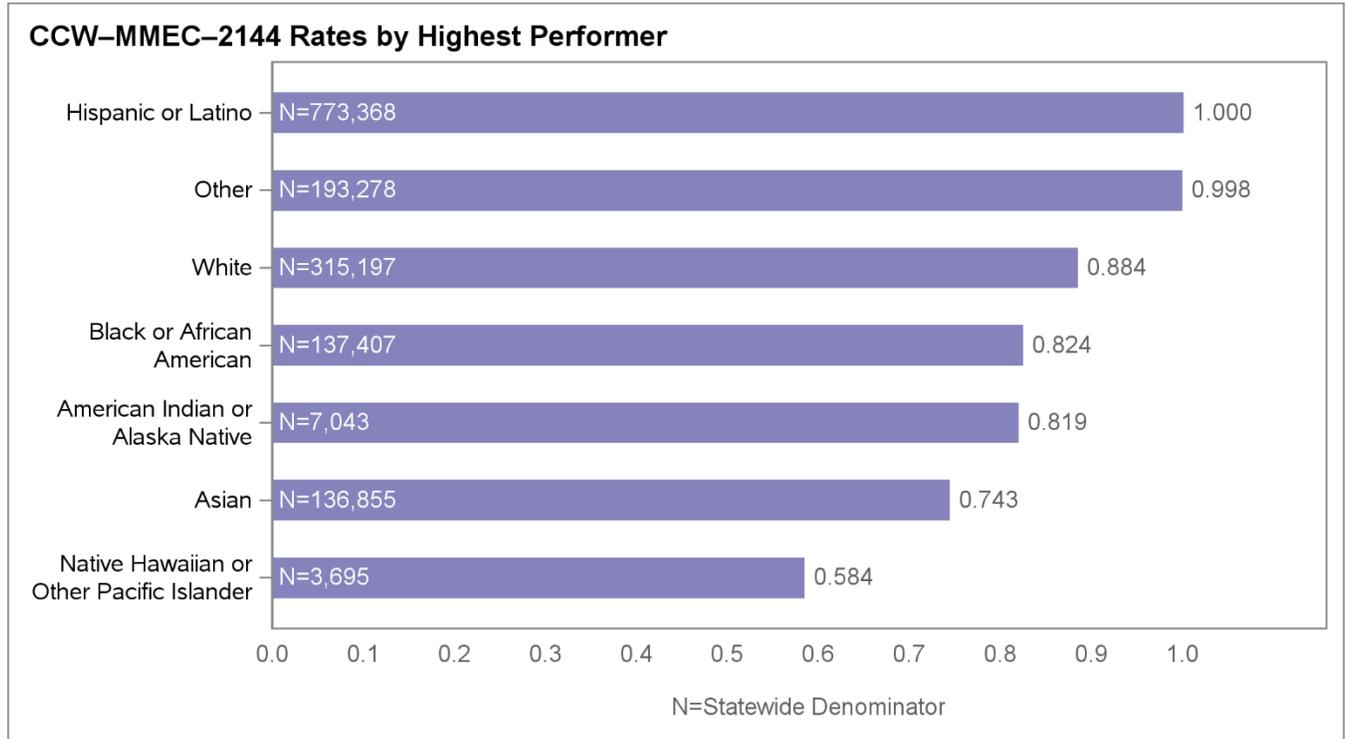


Figure A.19—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 3.0 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 racial/ethnic group; therefore, HSAG suppresses displaying the rate in this report to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Rule’s de-identification standard.

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

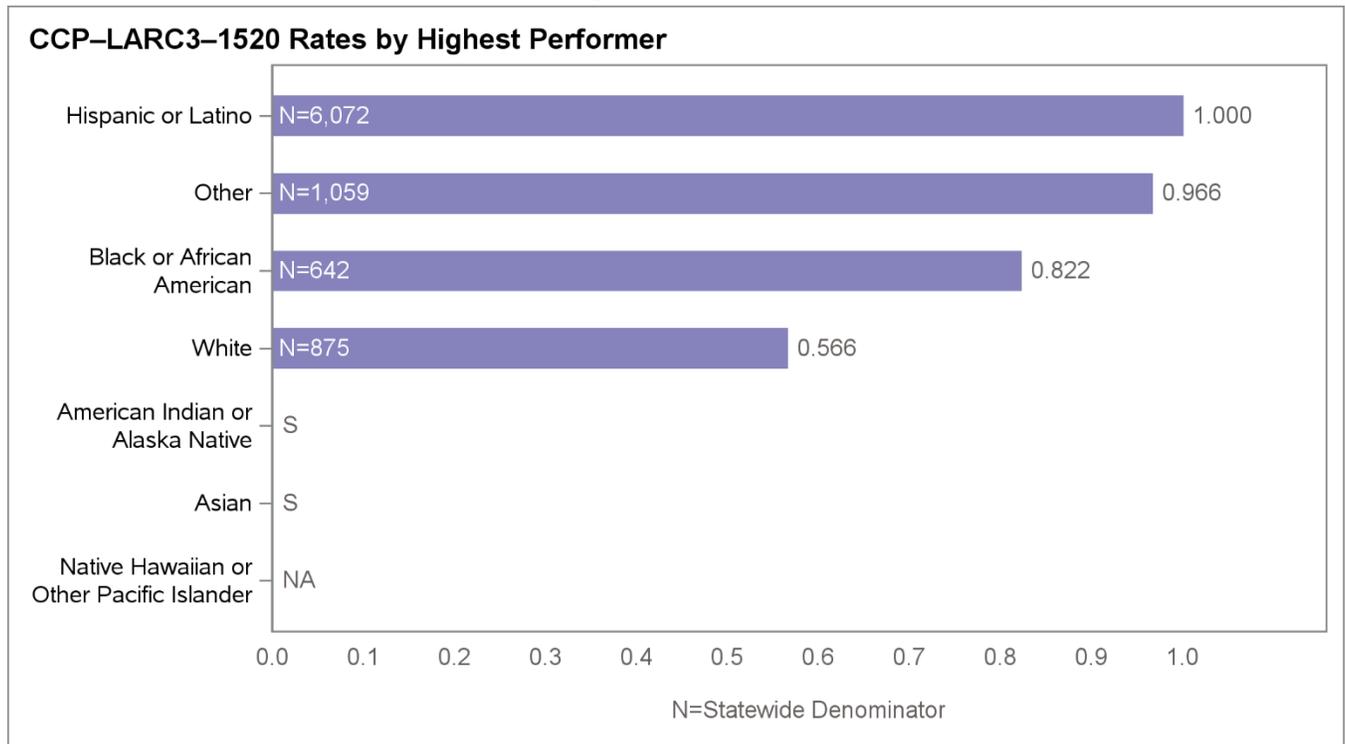


Figure A.20—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 4.7 percent.

The rate ratio for the Unknown/Missing group was 0.546 (N=2,944).

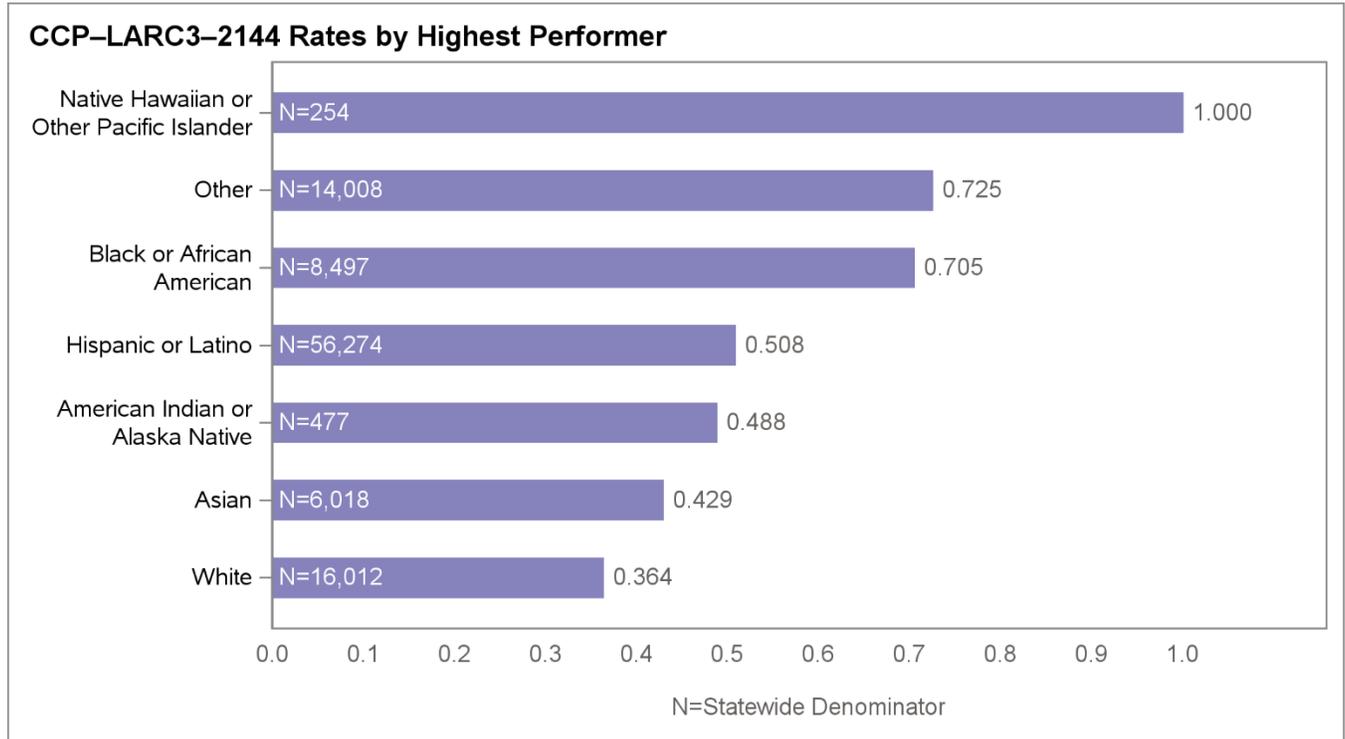


Figure A.21—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 14.9 percent.

The rate ratio for the Unknown/Missing group was 1.218 (N=171).

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 (HIPPA) Privacy Rule’s de-identification standard.

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

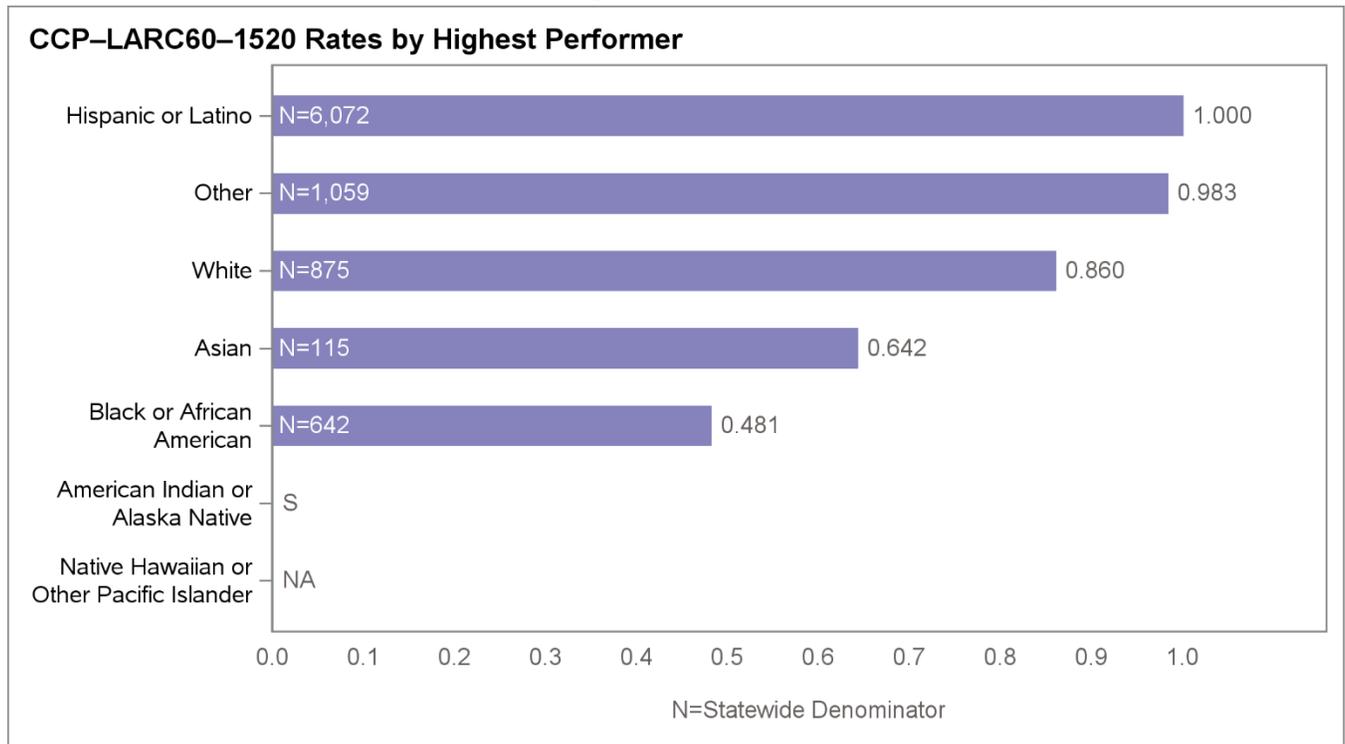


Figure A.22—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 13.4 percent.

The rate ratio for the Unknown/Missing group was 0.842 (N=2,944).

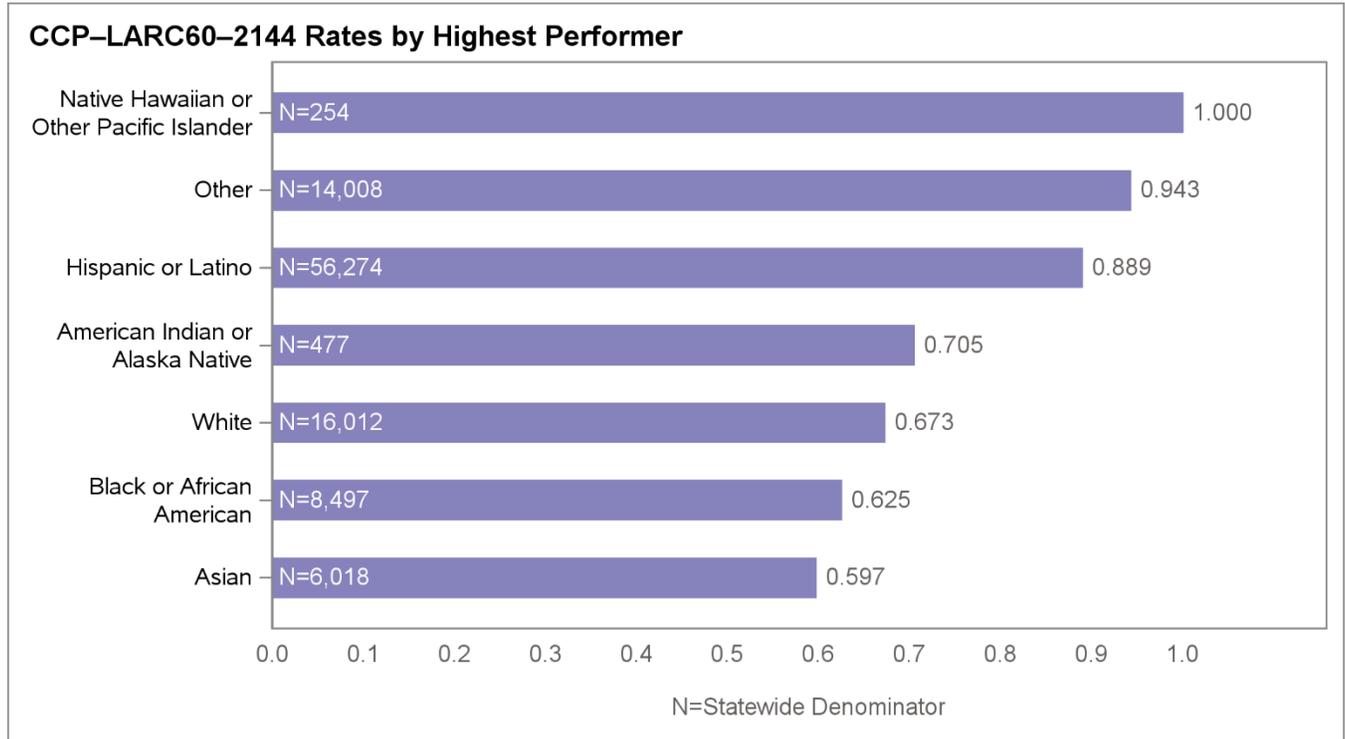


Figure A.23—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520) by Highest Performing Group

Note: The highest performing group (i.e., the Other group) had a rate of 5.4 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 racial/ethnic group; therefore, HSAG suppresses displaying the rate in this report to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Rule’s de-identification standard. NA indicates the rate for the racial/ethnic group had a small denominator (i.e., less than 30).

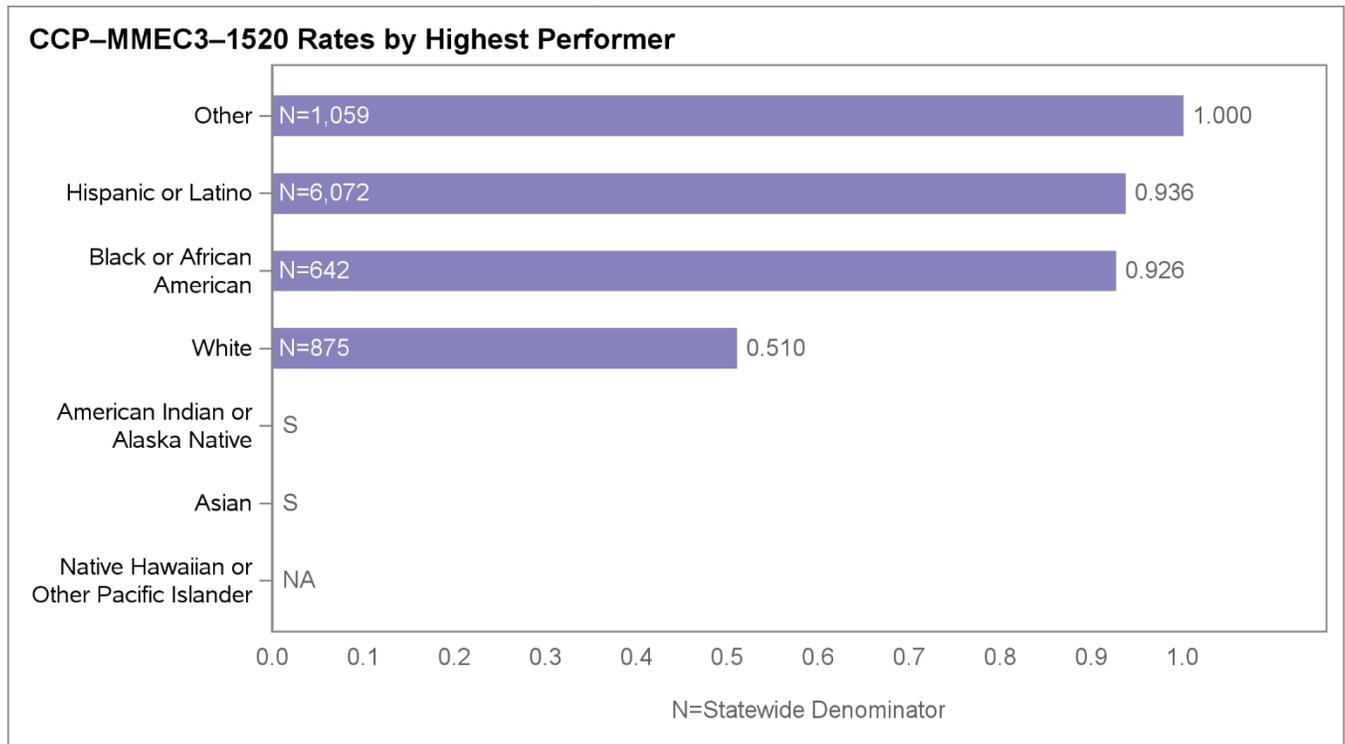


Figure A.24—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 11.8 percent.

The rate ratio for the Unknown/Missing group was 0.725 (N=2,944).

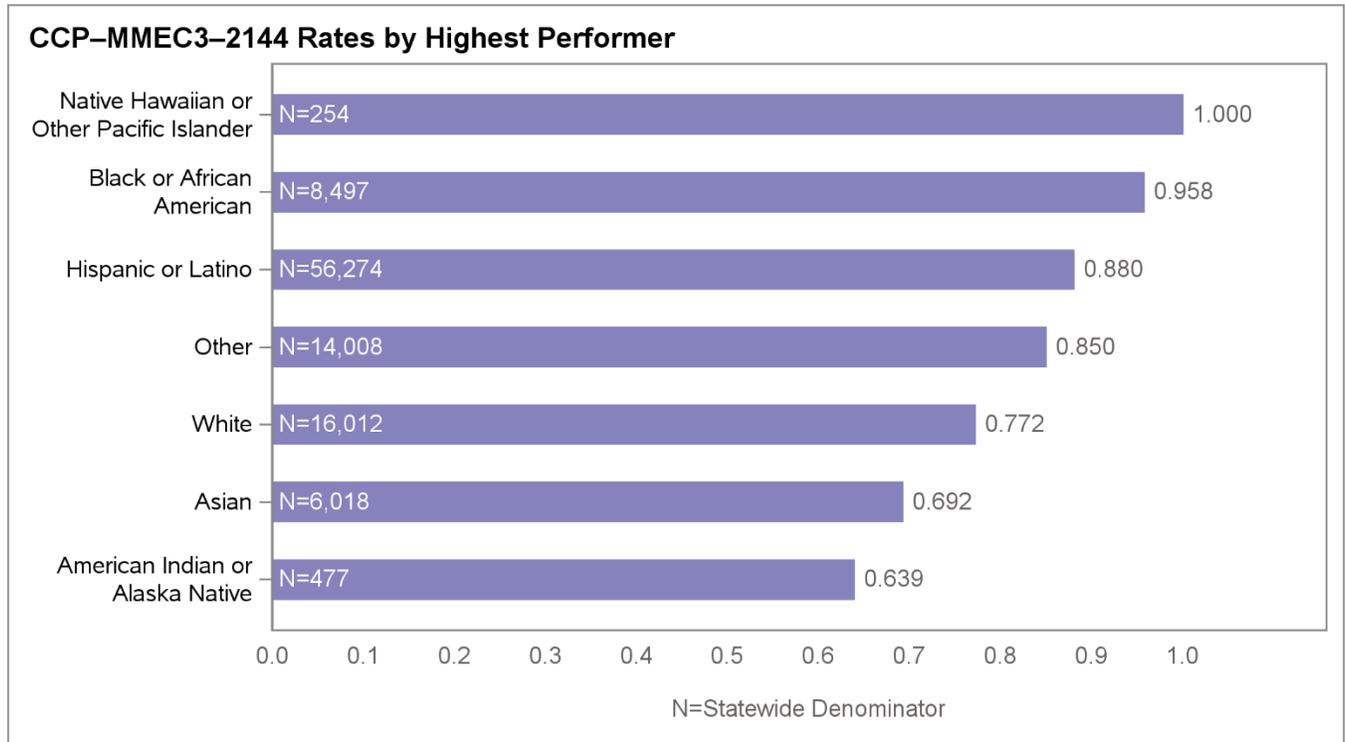


Figure A.25—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 37.4 percent.

The rate ratio for the Unknown/Missing group was 1.048 (N=171).

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 (HIPPA) Privacy Rule’s de-identification standard.

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

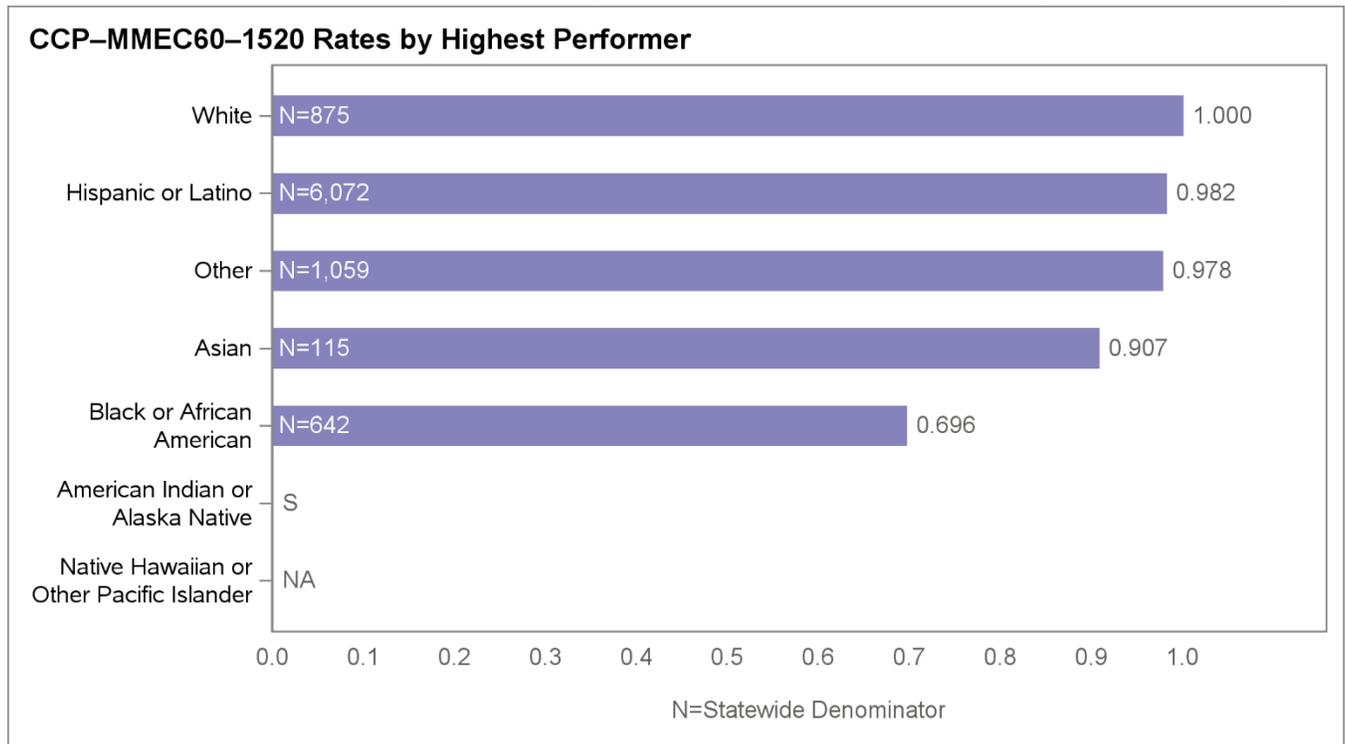


Figure A.26—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 37.8 percent.

The rate ratio for the Unknown/Missing group was 0.895 (N=2,944).

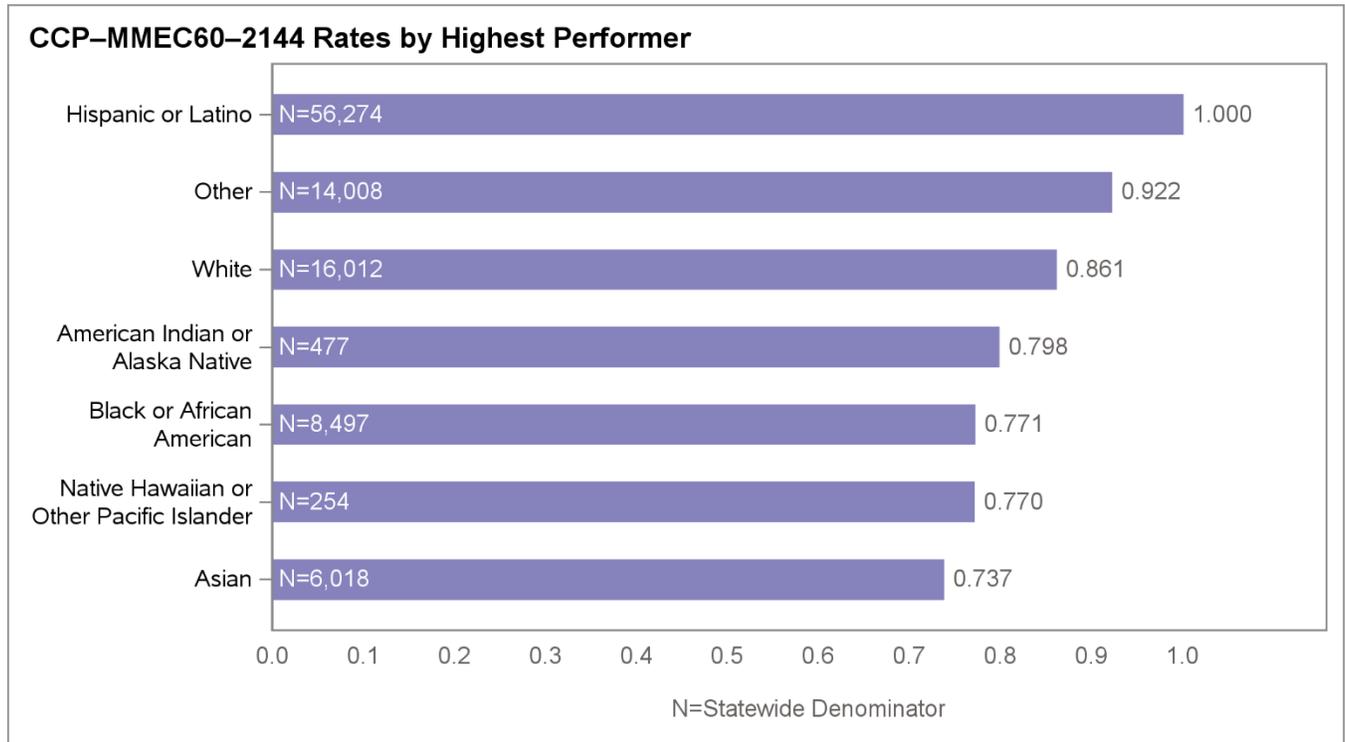


Figure A.27—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 87.5 percent. The rate ratio for the Unknown/Missing group was 0.955 (N=409).

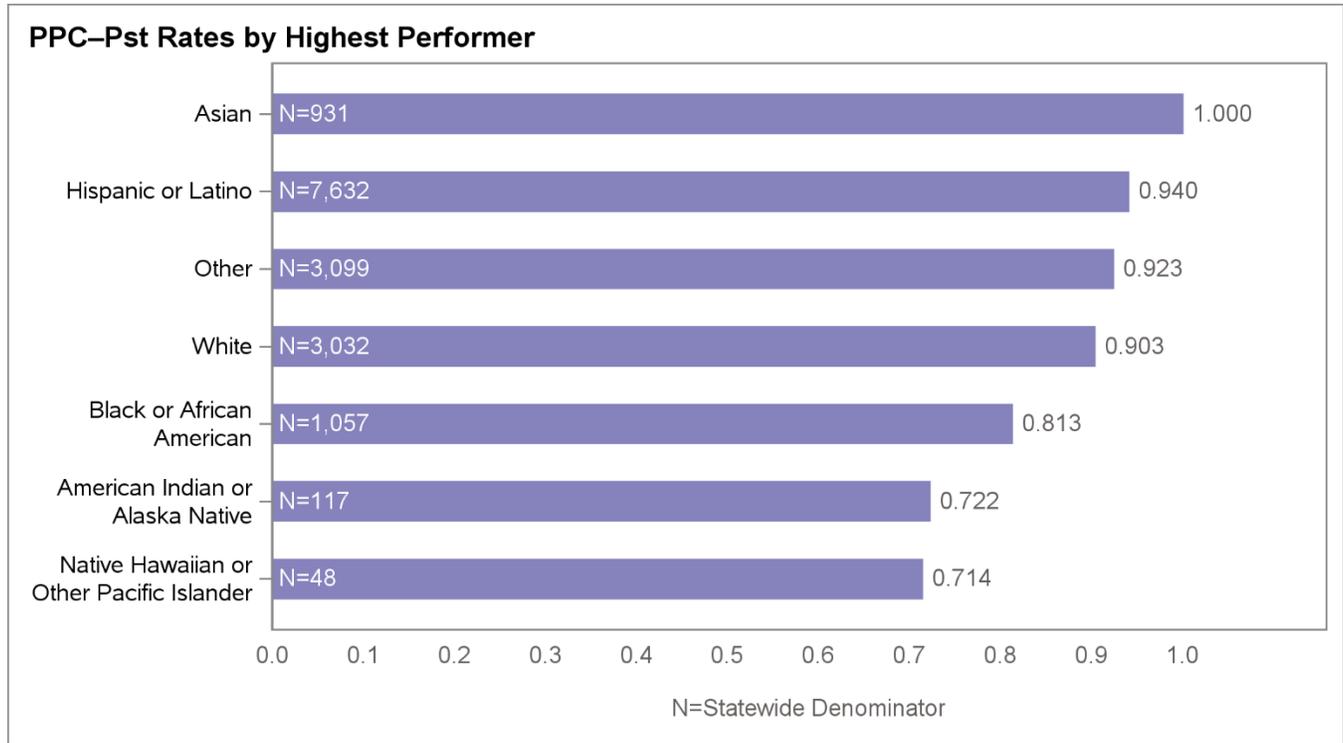
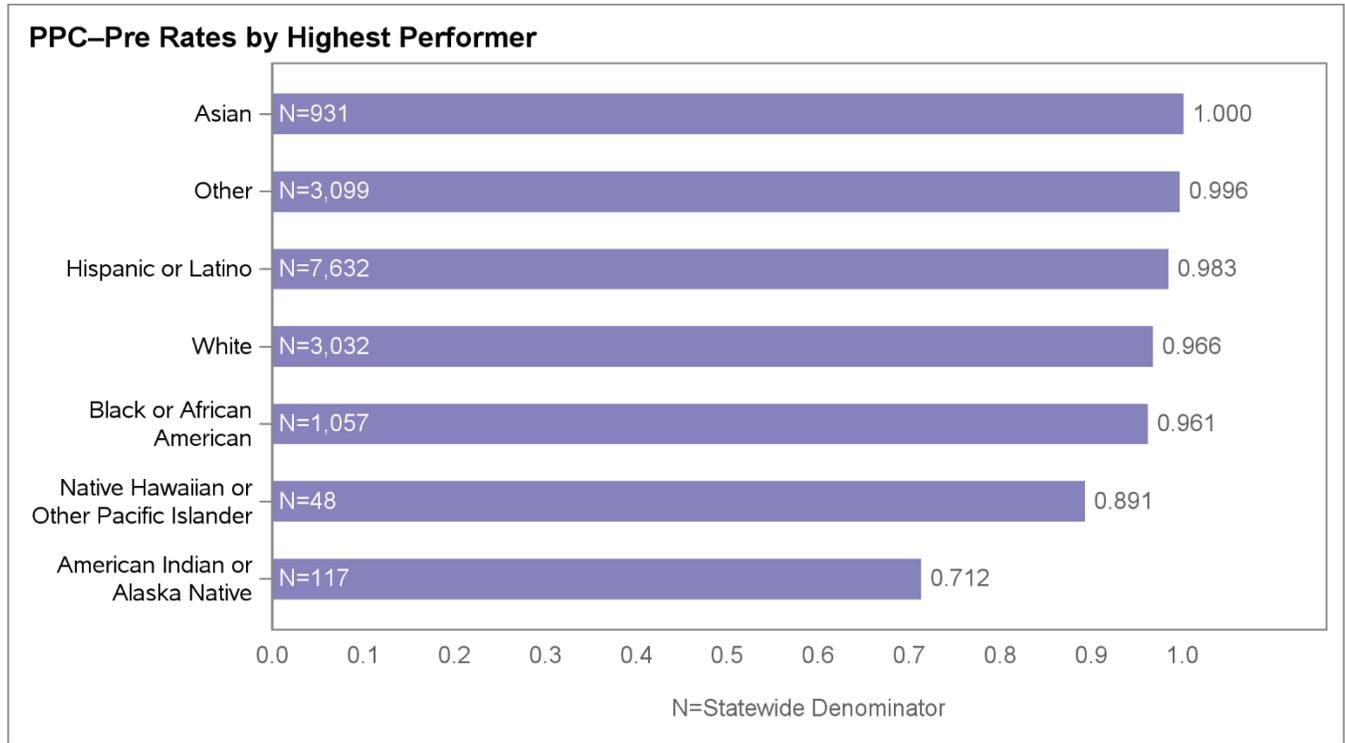


Figure A.28—Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre) by Highest Performing Group

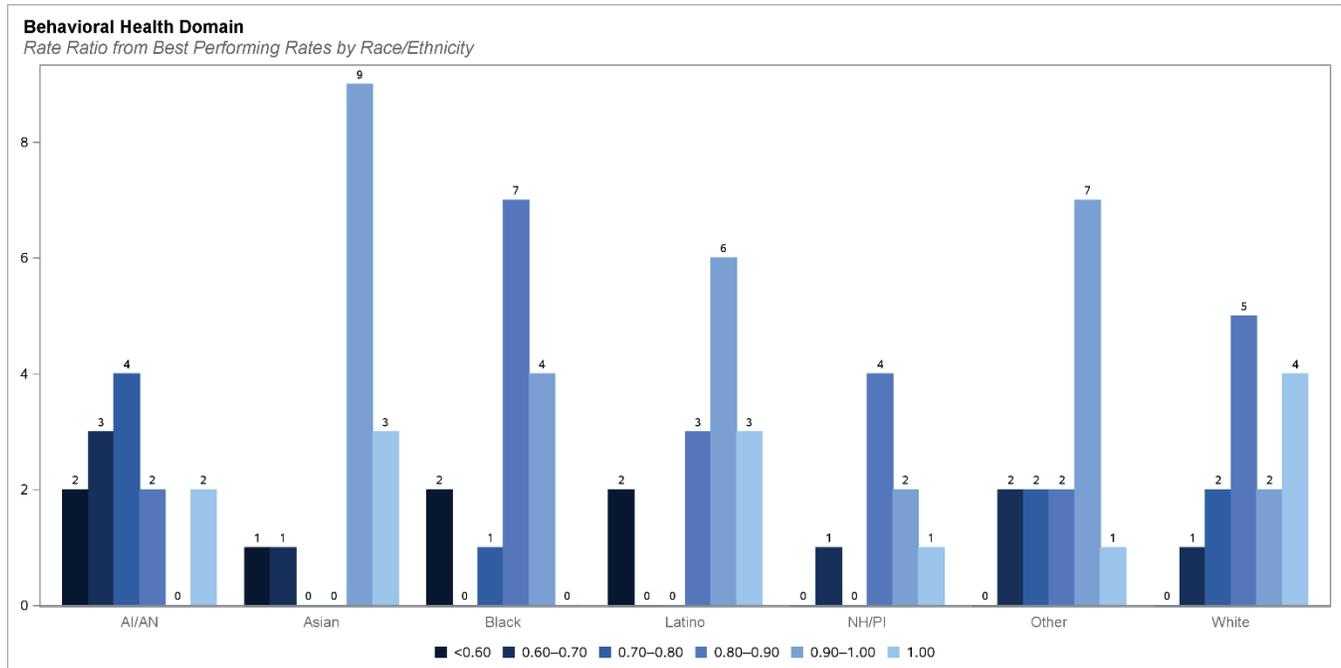
Note: The highest performing group (i.e., the Asian group) had a rate of 88.8 percent. The rate ratio for the Unknown/Missing group was 1.007 (N=409).



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).



- ◆ This White racial/ethnic group had the highest performing rate for four of 14 indicators (28.6 percent) in the Behavioral Health domain, with seven of the 10 remaining indicator rates (70 percent) at 80 percent or more of the rates for the highest performing group.
- ◆ The Black or African American racial/ethnic group did not have the highest performing rate for any indicators in the Behavioral Health domain.
- ◆ The following racial/ethnic groups had at least one indicator rate in the Women’s Health domain that was below 60 percent of the rate for the highest performing group:
 - American Indian or Alaska Native (two rates)
 - Asian (one rate)
 - Black or African American (two rates)
 - Hispanic or Latino (two rates)
- ◆ For the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator, all racial/ethnic groups with reportable rates were at or above 90 percent of the rate for the highest performing group (i.e., the American Indian or Alaska Native group).
- ◆ For the *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total* indicator, three of six racial/ethnic groups (50.0 percent) had rates less than 60 percent of the rate for the highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group).

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

Note: The highest performing group (i.e., the White group) had a rate of 69.7 percent. The rate ratio for the Unknown/Missing group was 1.000 (N=3,706).

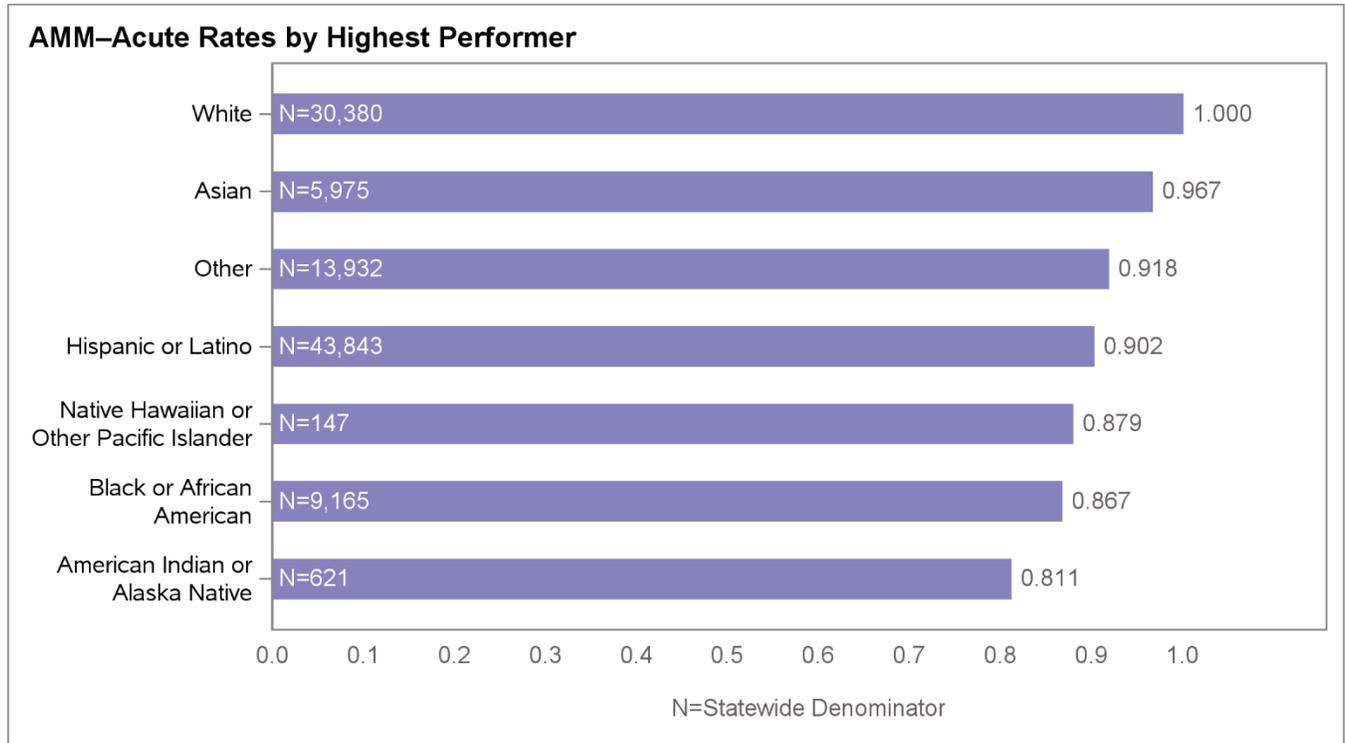


Figure A.31—Antidepressant Medication Management—Effective Continuation Phase Treatment—Total (AMM–Cont) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 55.0 percent. The rate ratio for the Unknown/Missing group was 1.019 (N=3,706).

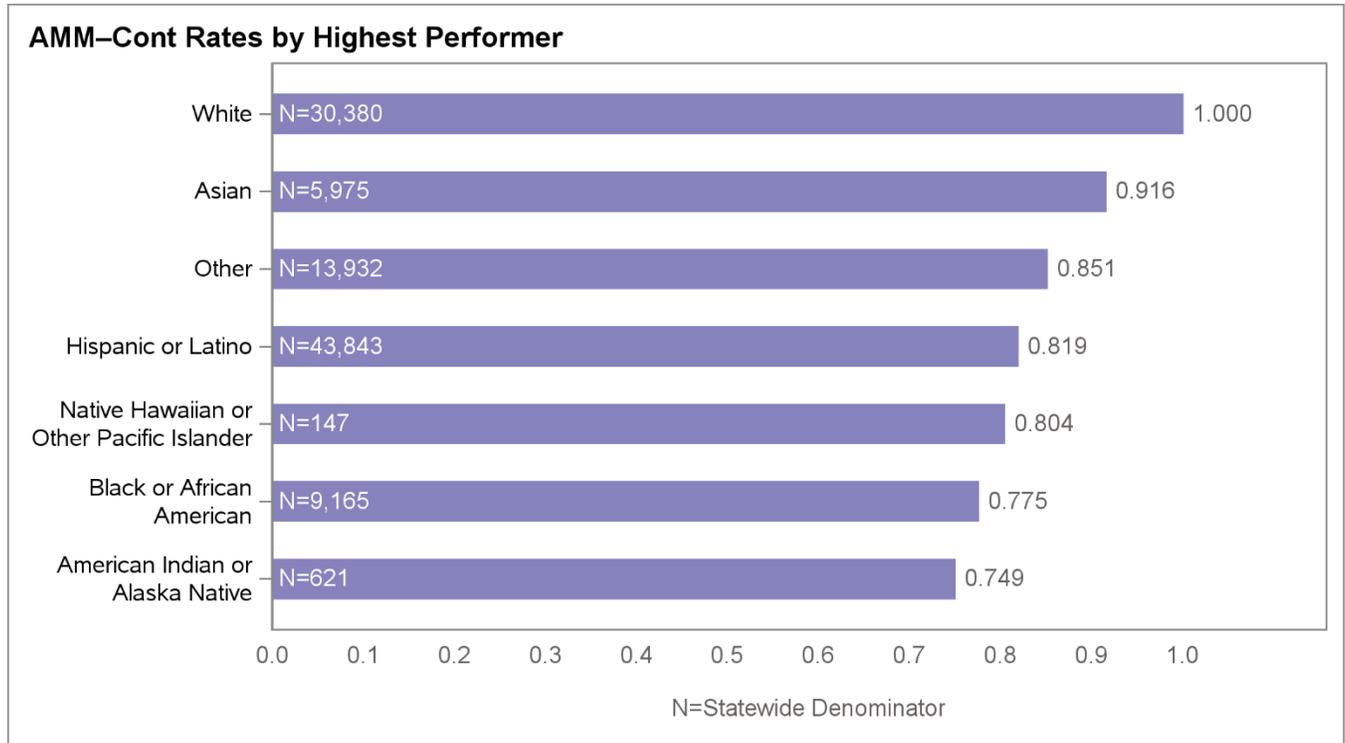


Figure A.32—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) by Highest Performing Group

Note: The highest performing group (i.e., the American Indian or Alaska Native group) had a rate of 83.3 percent.

The rate ratio for the Unknown/Missing group was 0.938 (N=3,037).

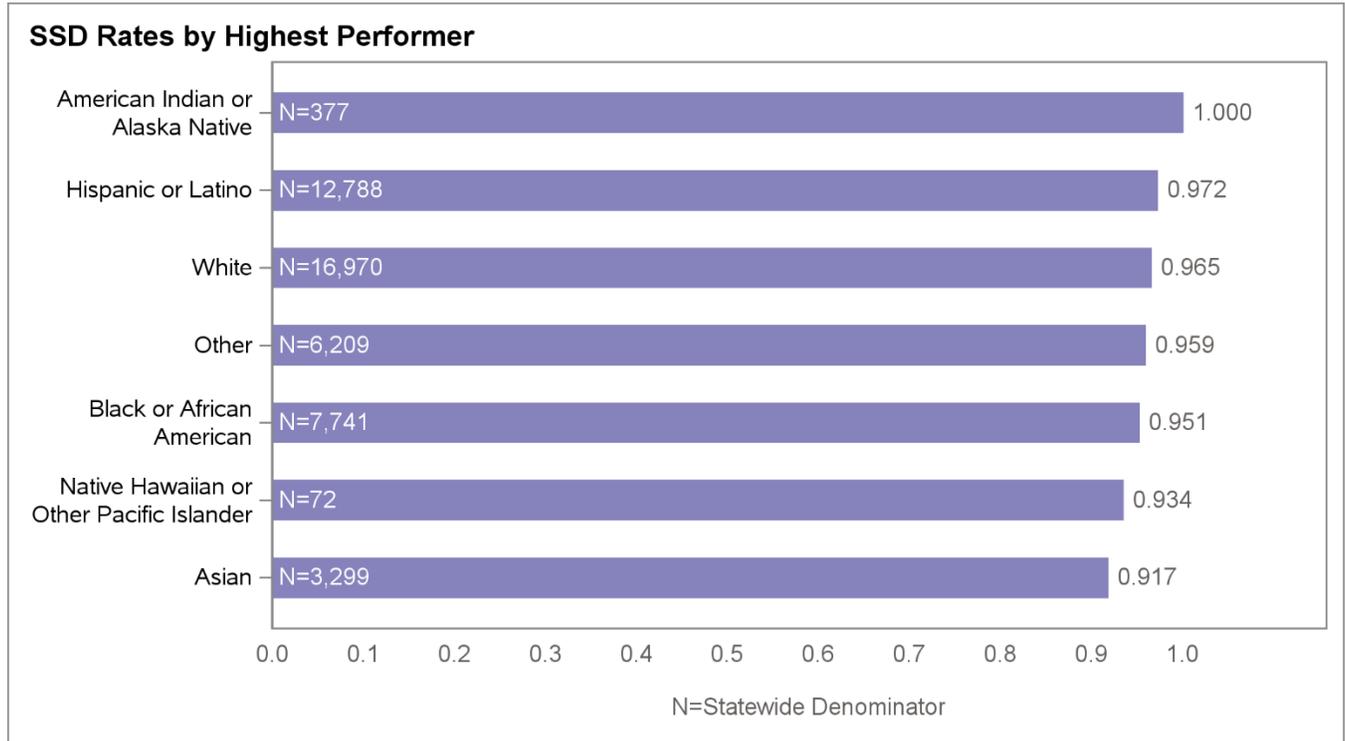


Figure A.33—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7) by Highest Performing Group

Note: The highest performing group (i.e., the American Indian or Alaska Native group) had a rate of 7.0 percent.

The rate ratio for the Unknown/Missing group was 0.820 (N=1,715).

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 (HIPPA) Privacy Rule’s de-identification standard.

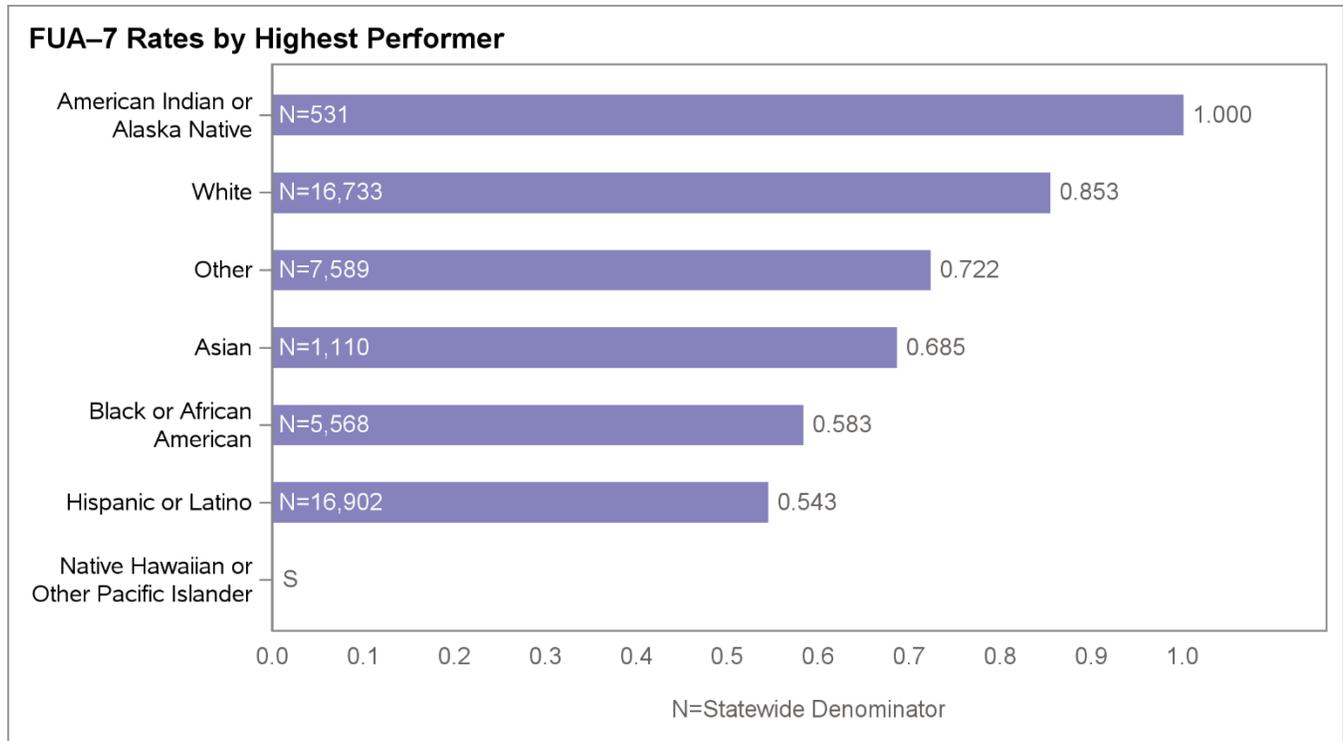


Figure A.34—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30) by Highest Performing Group

Note: The highest performing group (i.e., the Native Hawaiian or Other Pacific Islander group) had a rate of 15.0 percent.

The rate ratio for the Unknown/Missing group was 0.610 (N=1,715).

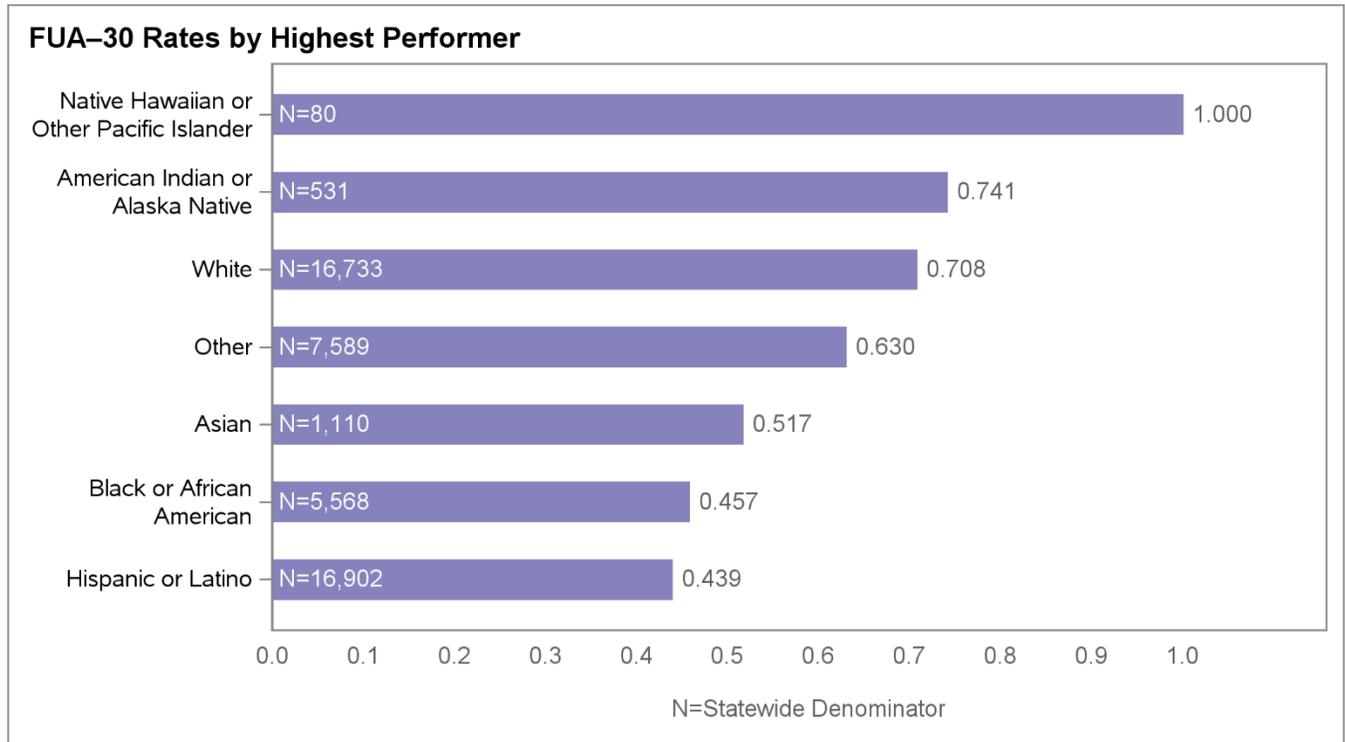


Figure A.35—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 28.6 percent. The rate ratio for the Unknown/Missing group was 0.824 (N=2,380).

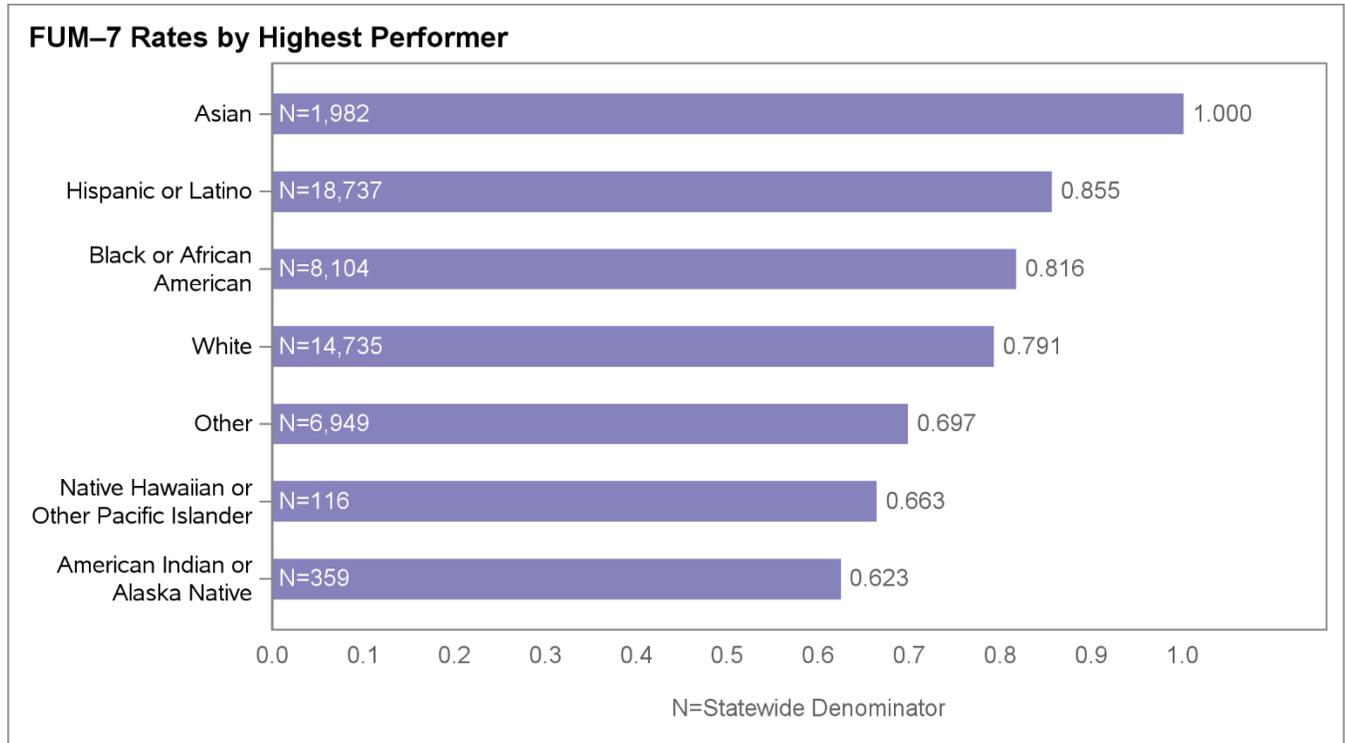


Figure A.36—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 39.8 percent. The rate ratio for the Unknown/Missing group was 0.890 (N=2,380).

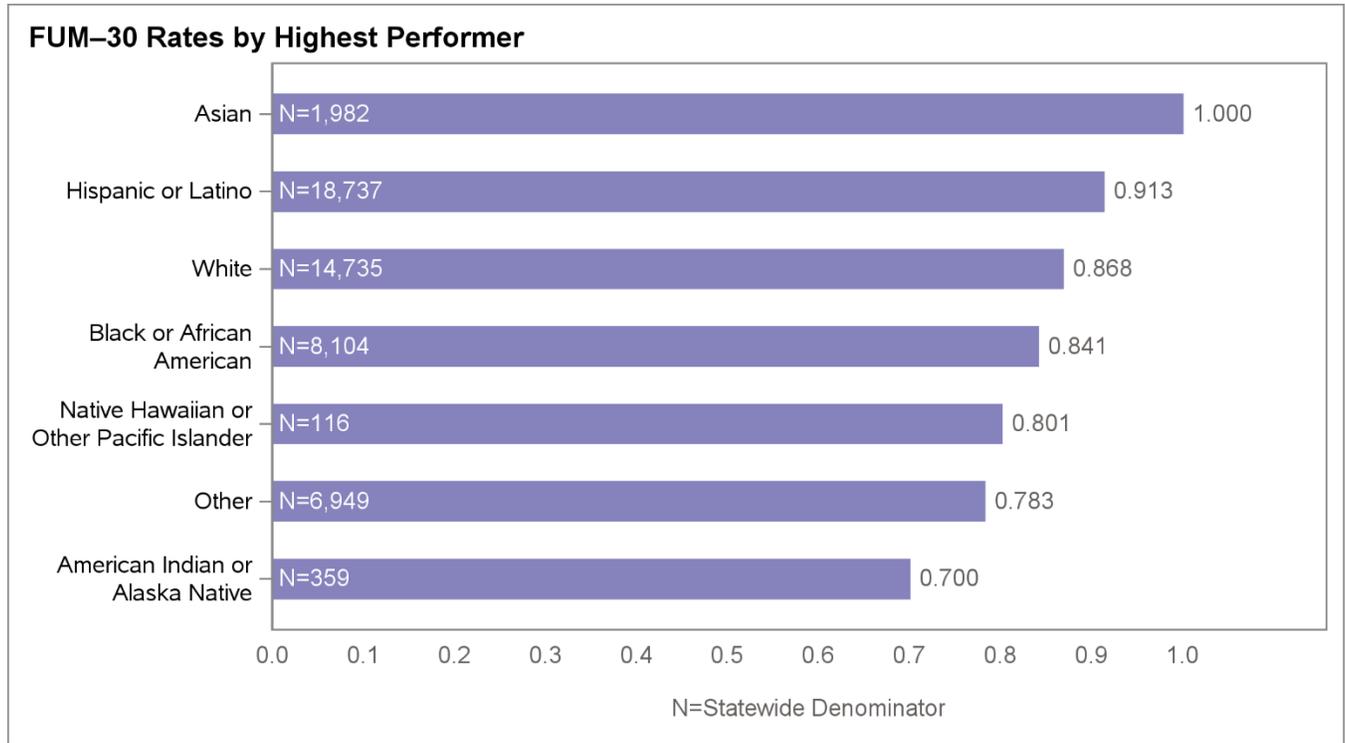


Figure A.37—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 43.3 percent.

The rate ratio for the Unknown/Missing group was 0.913 (N=744).

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

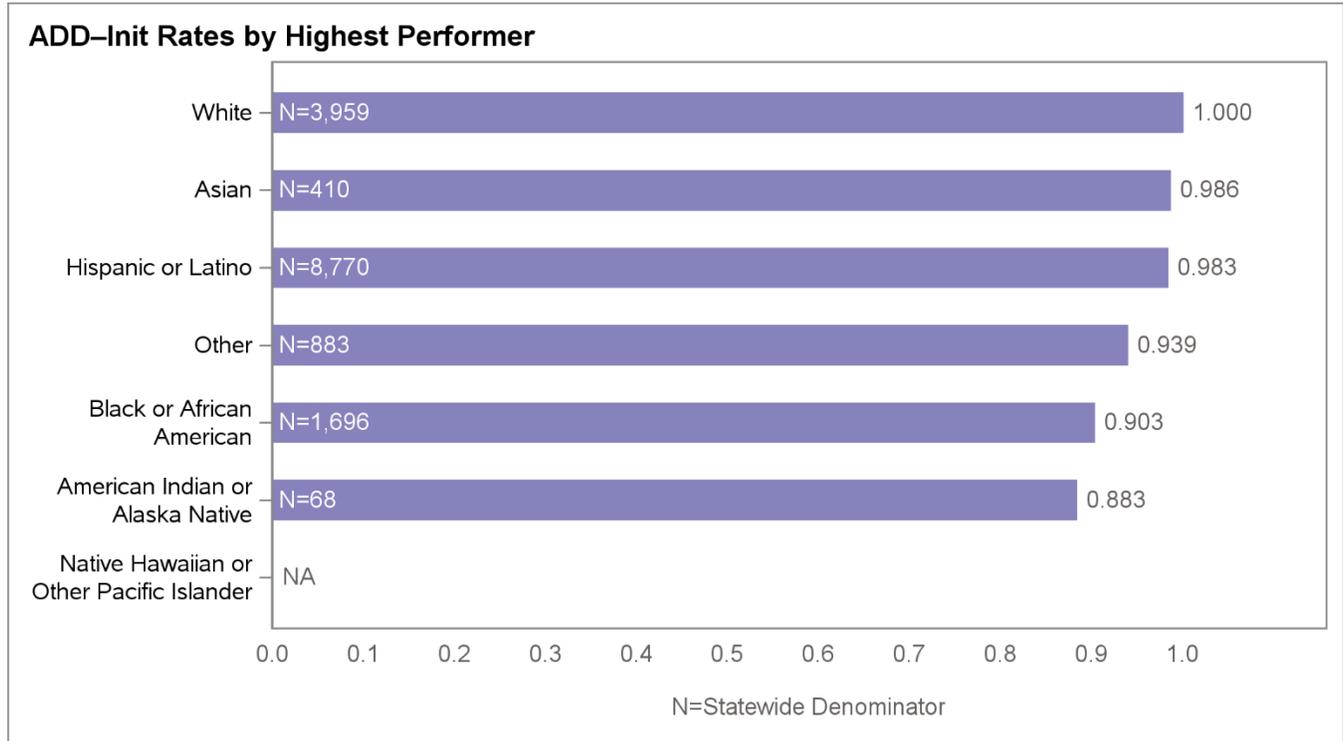


Figure A.38—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) by Highest Performing Group

Note: The highest performing group (i.e., the White group) had a rate of 50.1 percent.

The rate ratio for the Unknown/Missing group was 0.992 (N=183).

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

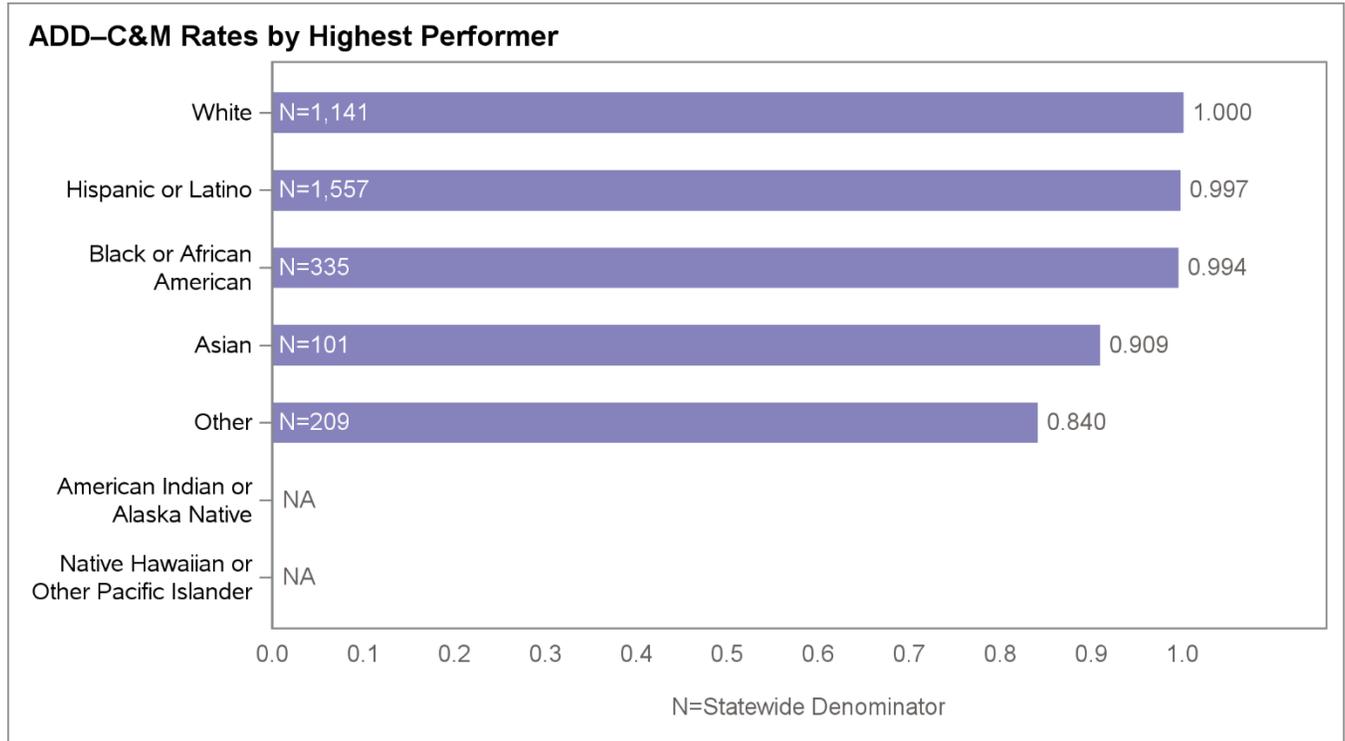


Figure A.39—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 65.5 percent.

The rate ratio for the Unknown/Missing group was 0.907 (N=335).

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

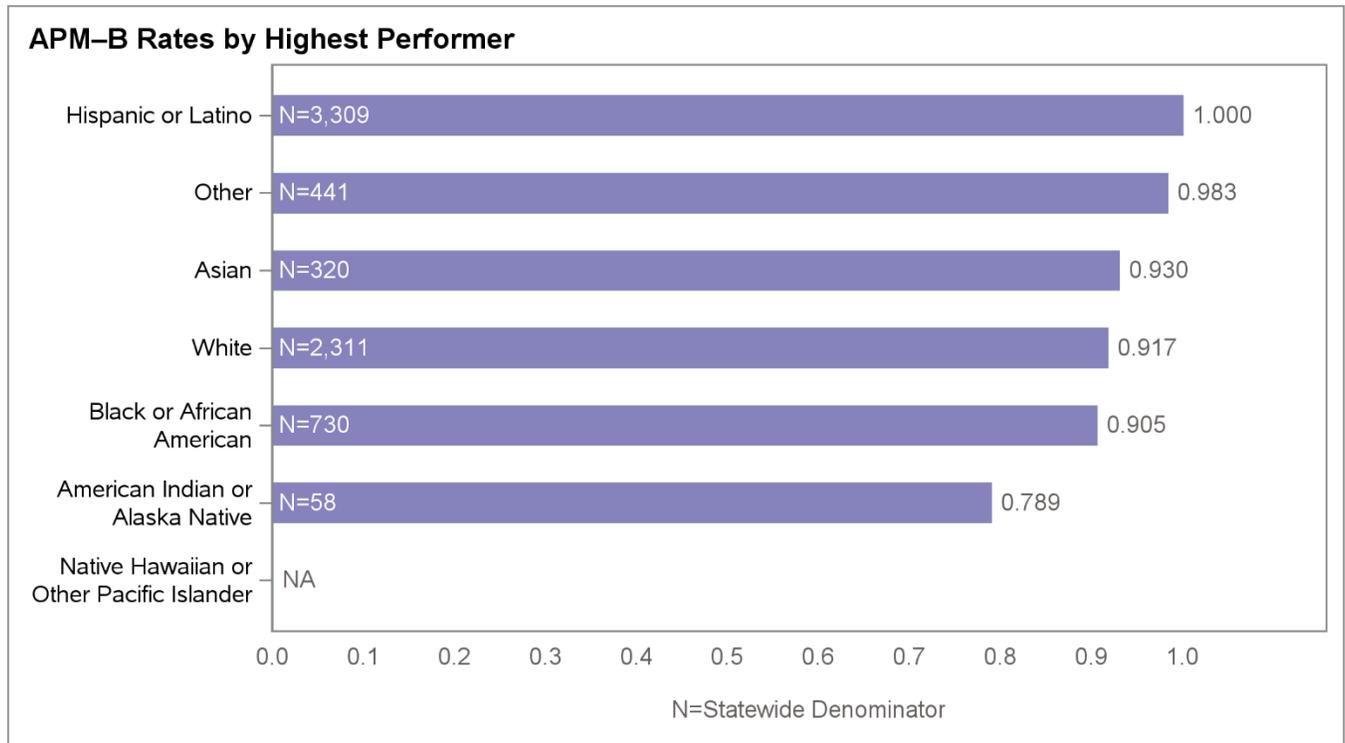


Figure A.40—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C) by Highest Performing Group

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

The rate ratio for the Unknown/Missing group was 0.866 (N=335).

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

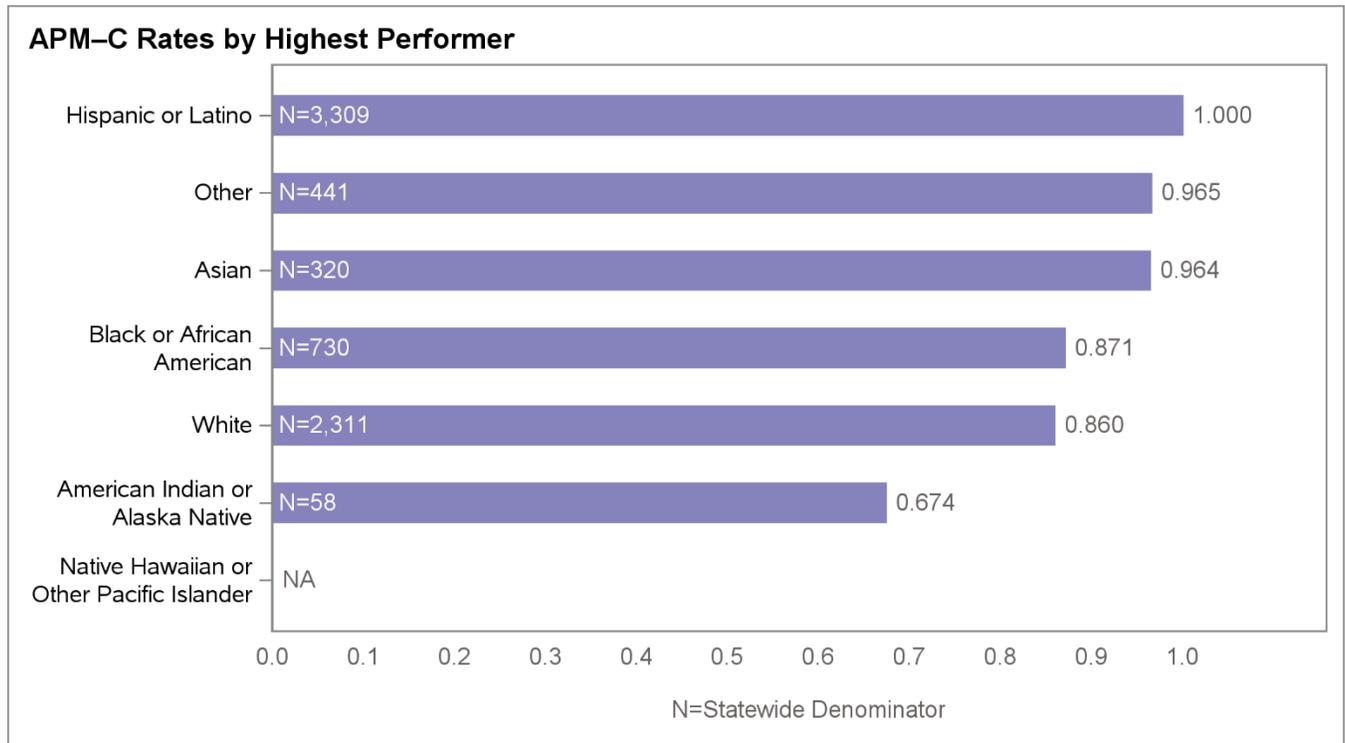


Figure A.41—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 47.3 percent.

The rate ratio for the Unknown/Missing group was 0.852 (N=335).

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

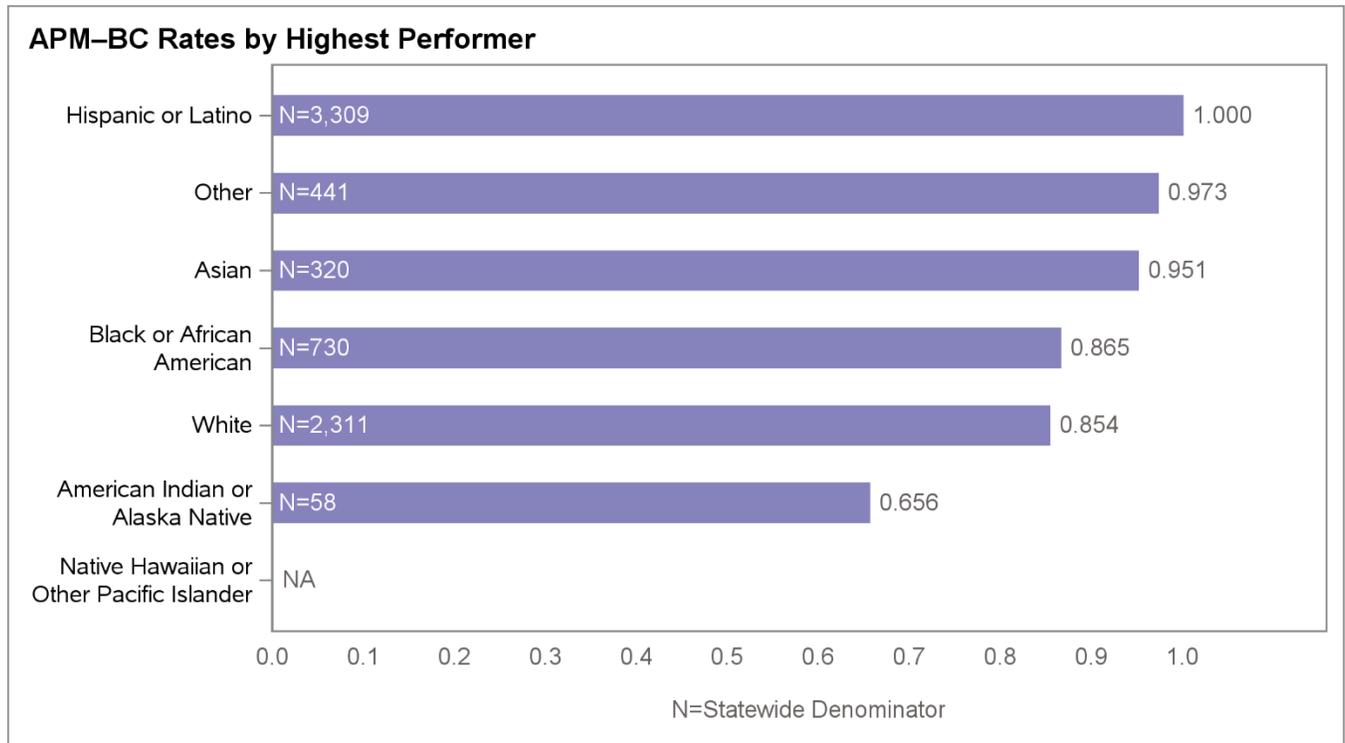


Figure A.42—Screening for Depression and Follow-Up Plan—Ages 12–17 Years (CDF-1217) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 24.9 percent. The rate ratio for the Unknown/Missing group was 0.964 (N=23,876).

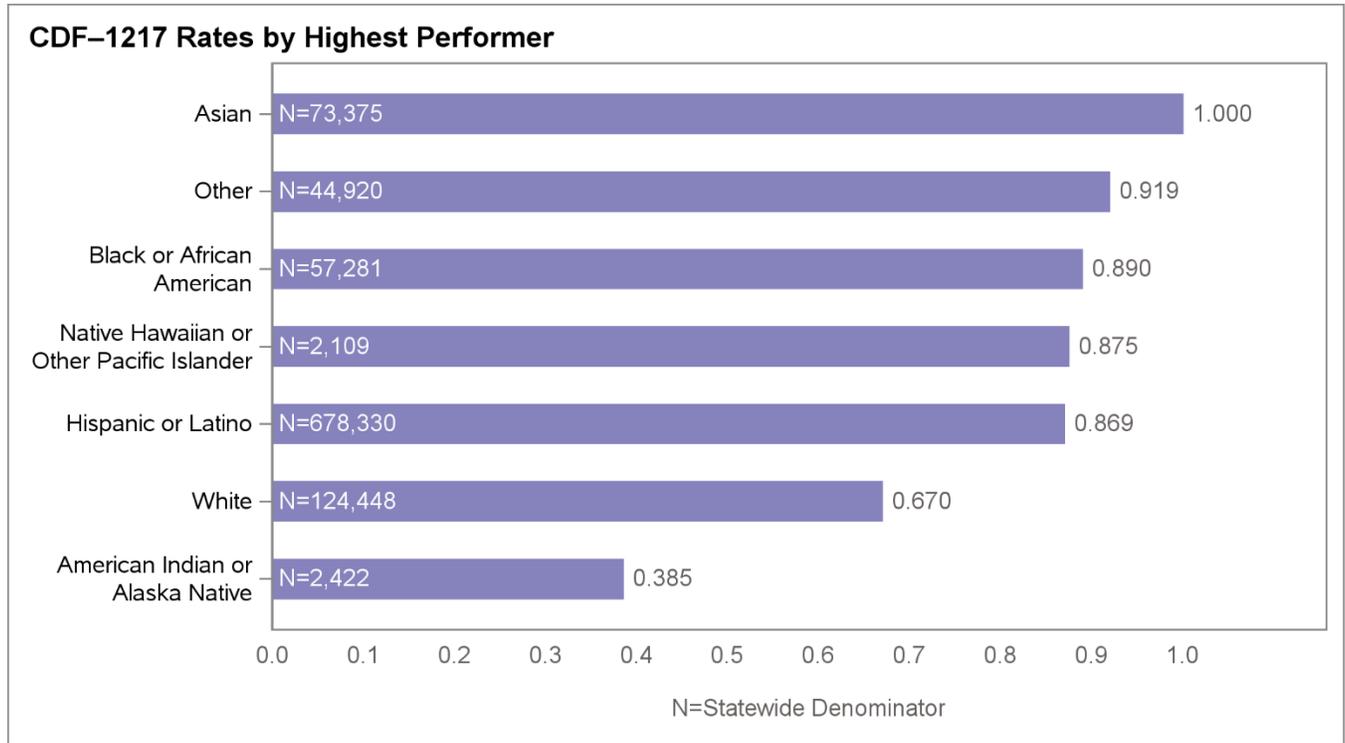
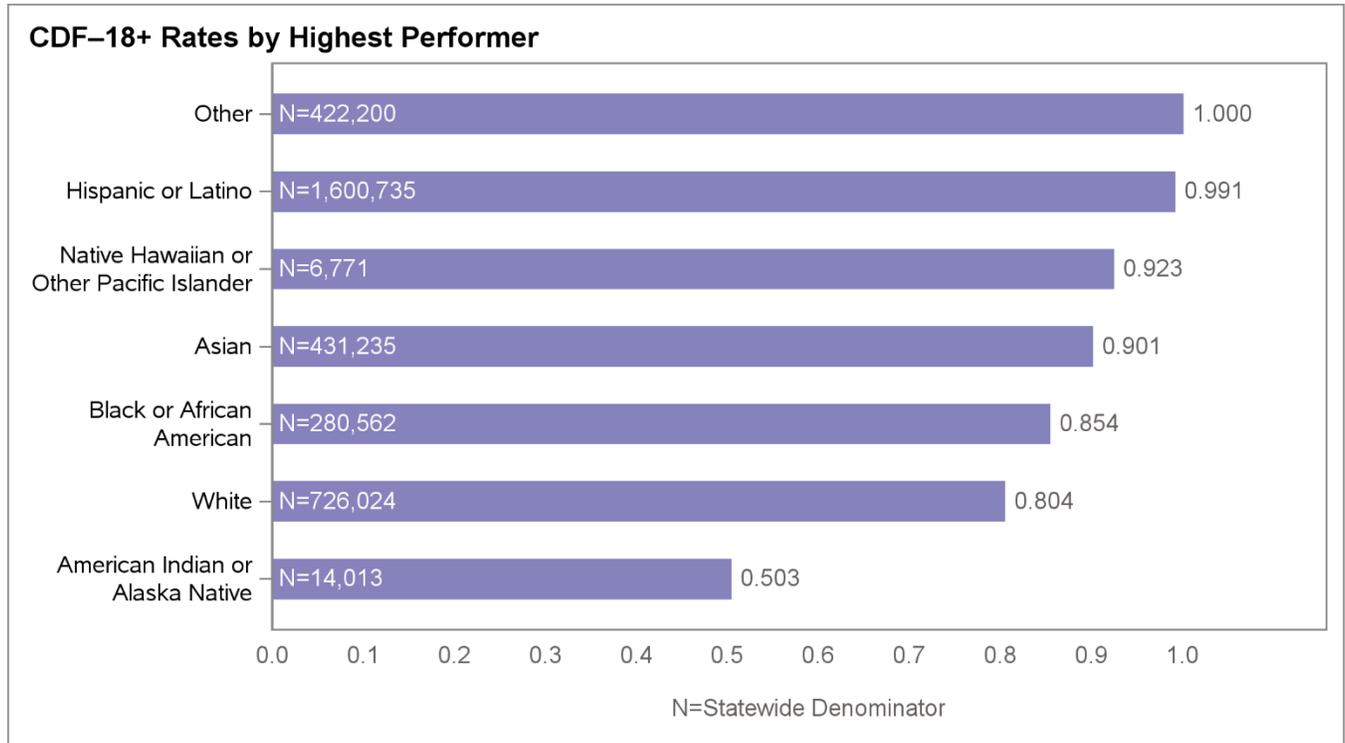


Figure A.43—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF-18+) by Highest Performing Group

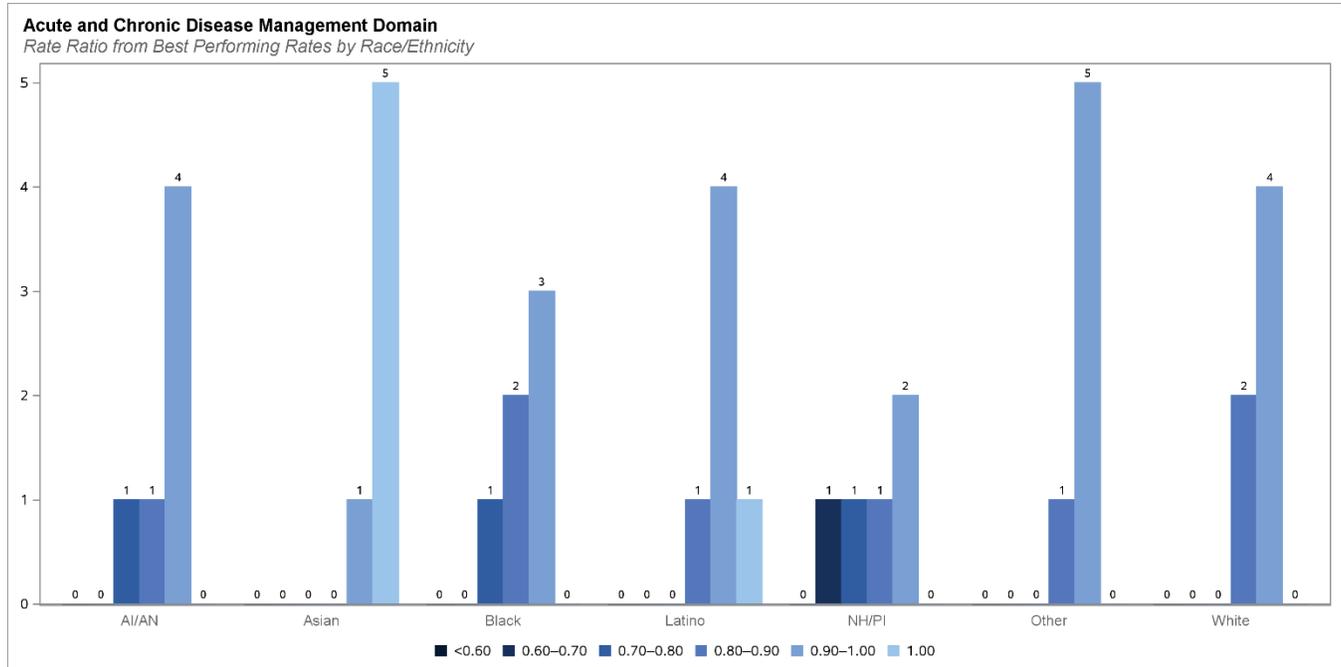
Note: The highest performing group (i.e., the Other group) had a rate of 14.2 percent. The rate ratio for the Unknown/Missing group was 0.932 (N=142,290).



Highest Performing Racial/Ethnic Group: Acute and Chronic Disease Management Domain

Figure A.44—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 with reportable rates (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 *Concurrent Use of Opioids and Benzodiazepines—Total*, *Use of Opioids at High Dosage in Persons Without Cancer—Total*, 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.45—Asthma Medication Ratio—Total (AMR) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 71.0 percent. The rate ratio for the Unknown/Missing group was 0.928 (N=3,529).

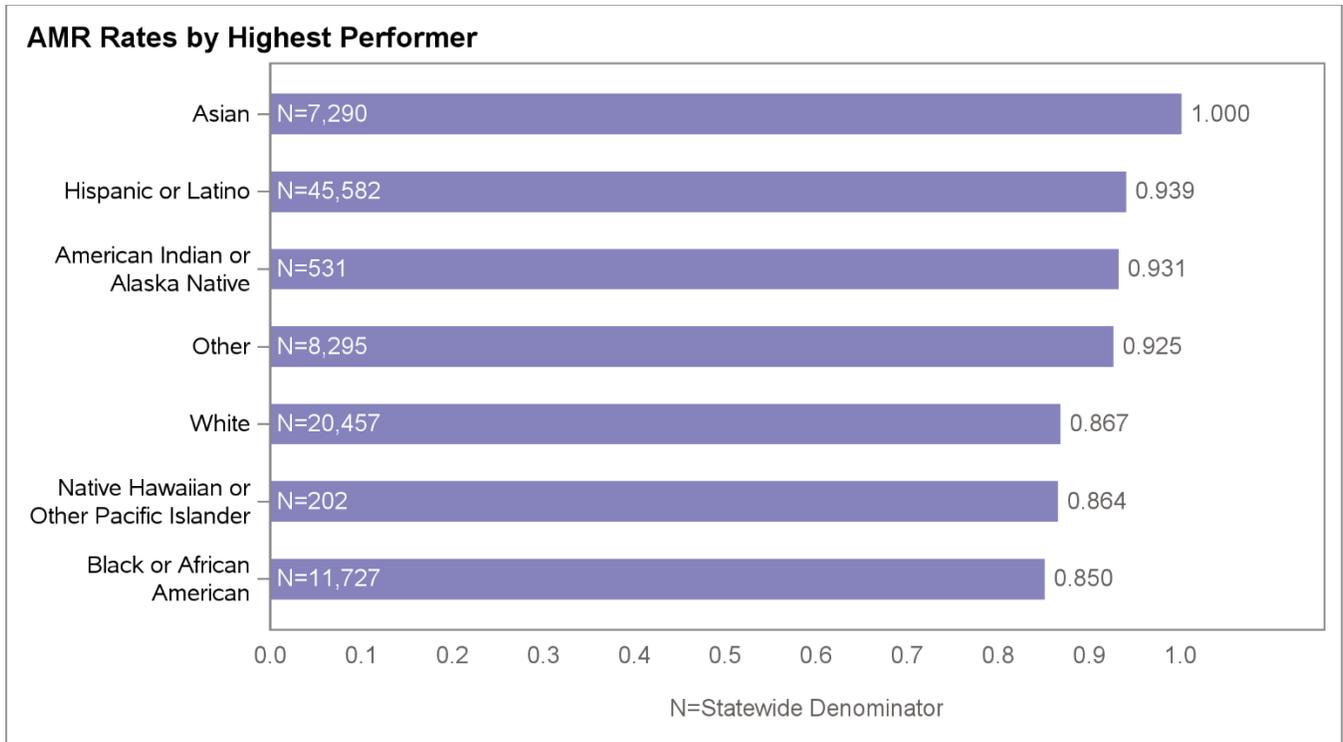


Figure A.46—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 27.3 percent. The rate ratio for the Unknown/Missing group was 0.867 (N=808).

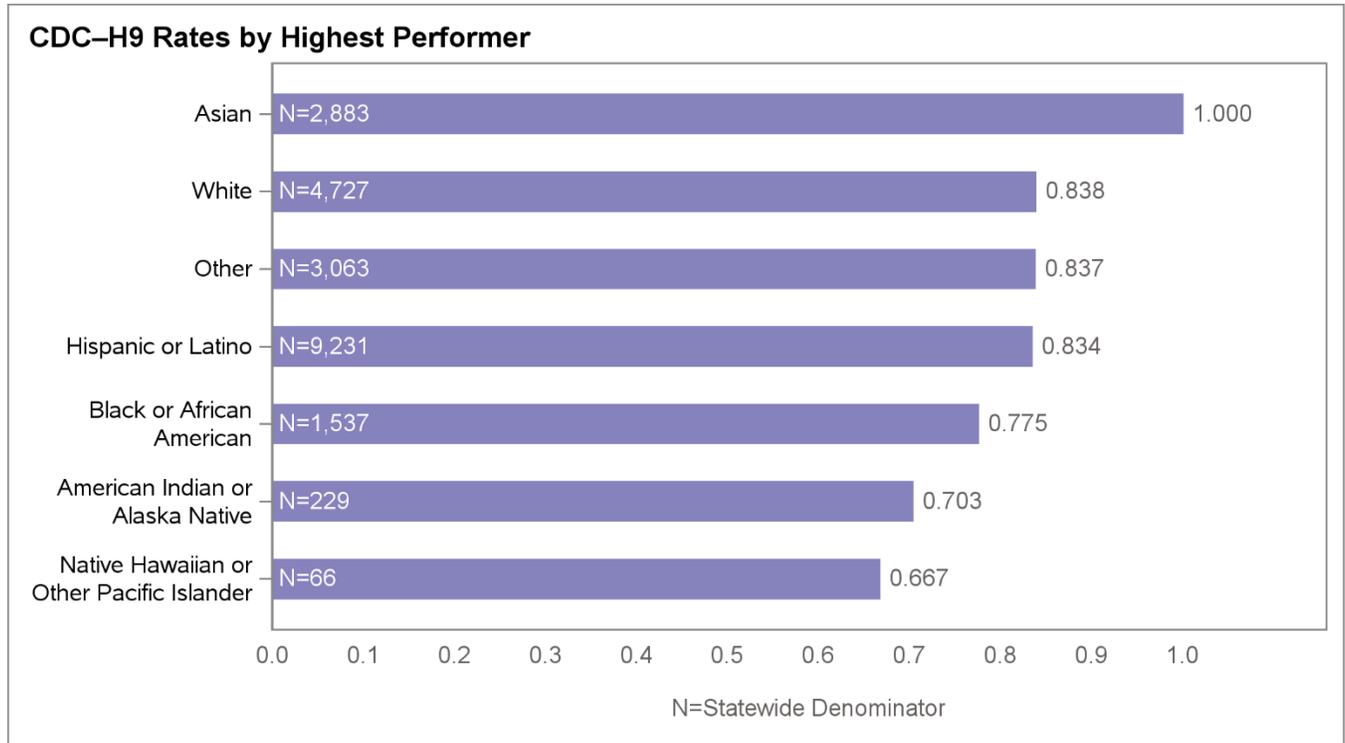


Figure A.47—Controlling High Blood Pressure—Total (CBP) by Highest Performing Group

Note: The highest performing group (i.e., the Hispanic or Latino group) had a rate of 61.0 percent.

The rate ratio for the Unknown/Missing group was 0.933 (N=837).

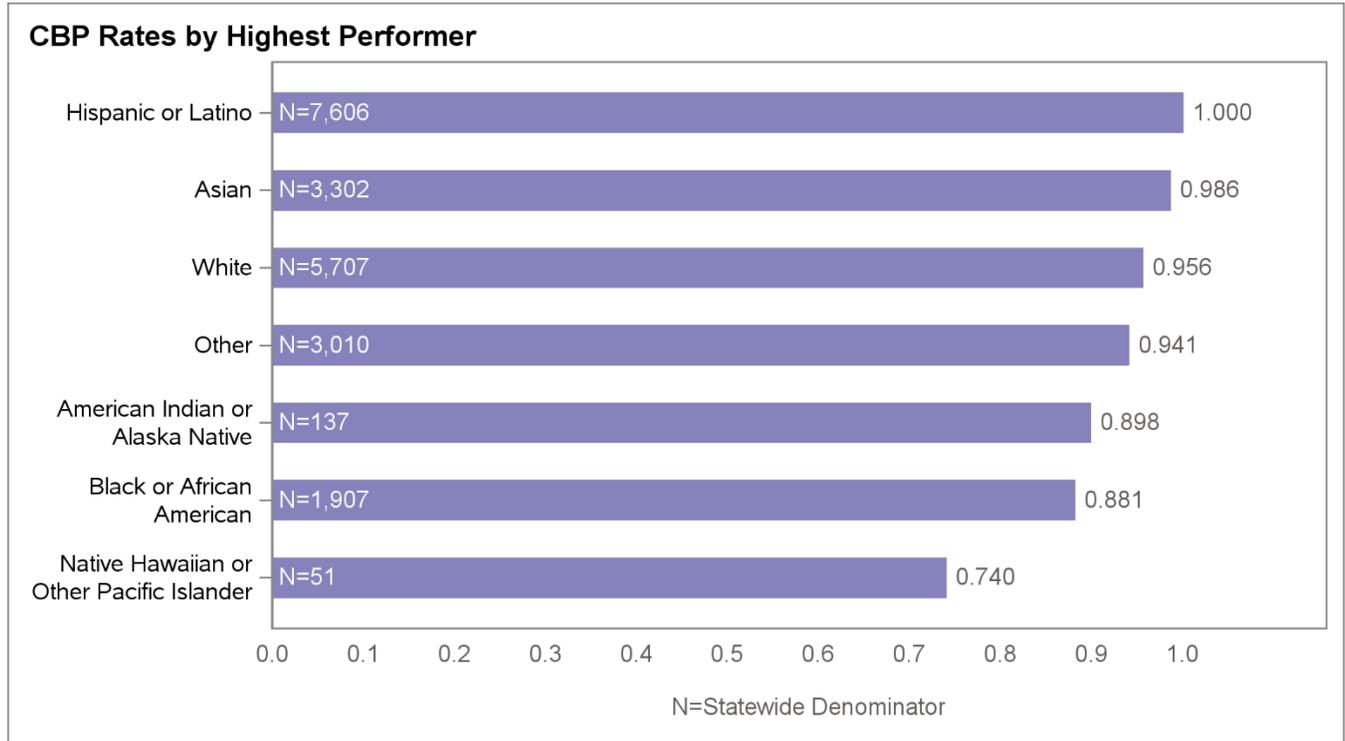


Figure A.48—Concurrent Use of Opioids and Benzodiazepines—Total (COB) by Highest Performing Group

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 0.936 (N=5,840).

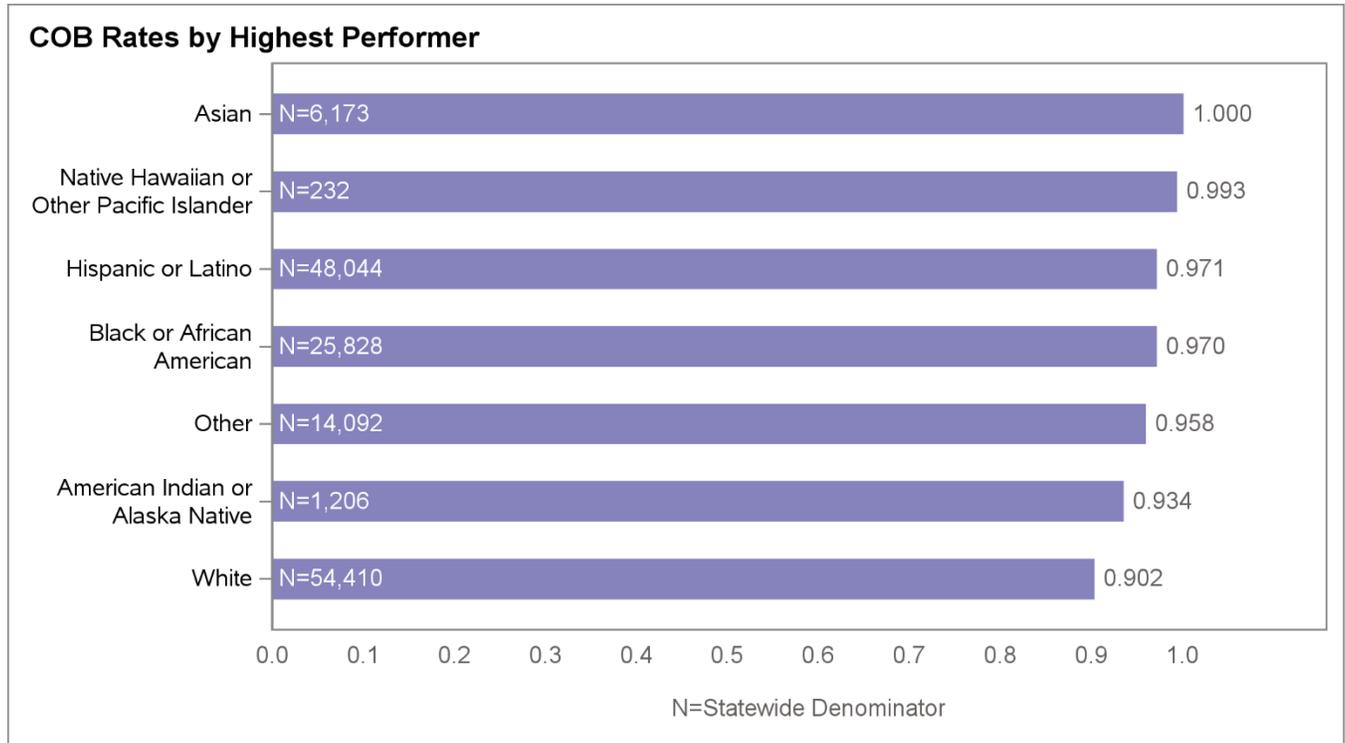


Figure A.49—Use of Opioids at High Dosage in Persons Without Cancer—Total (OHD) by Highest Performing Group

Note: The highest performing group (i.e., the Asian group) had a rate of 2.0 percent.

The rate ratio for the Unknown/Missing group was 0.969 (N=4,993).

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 (HIPPA) Privacy Rule’s de-identification standard.

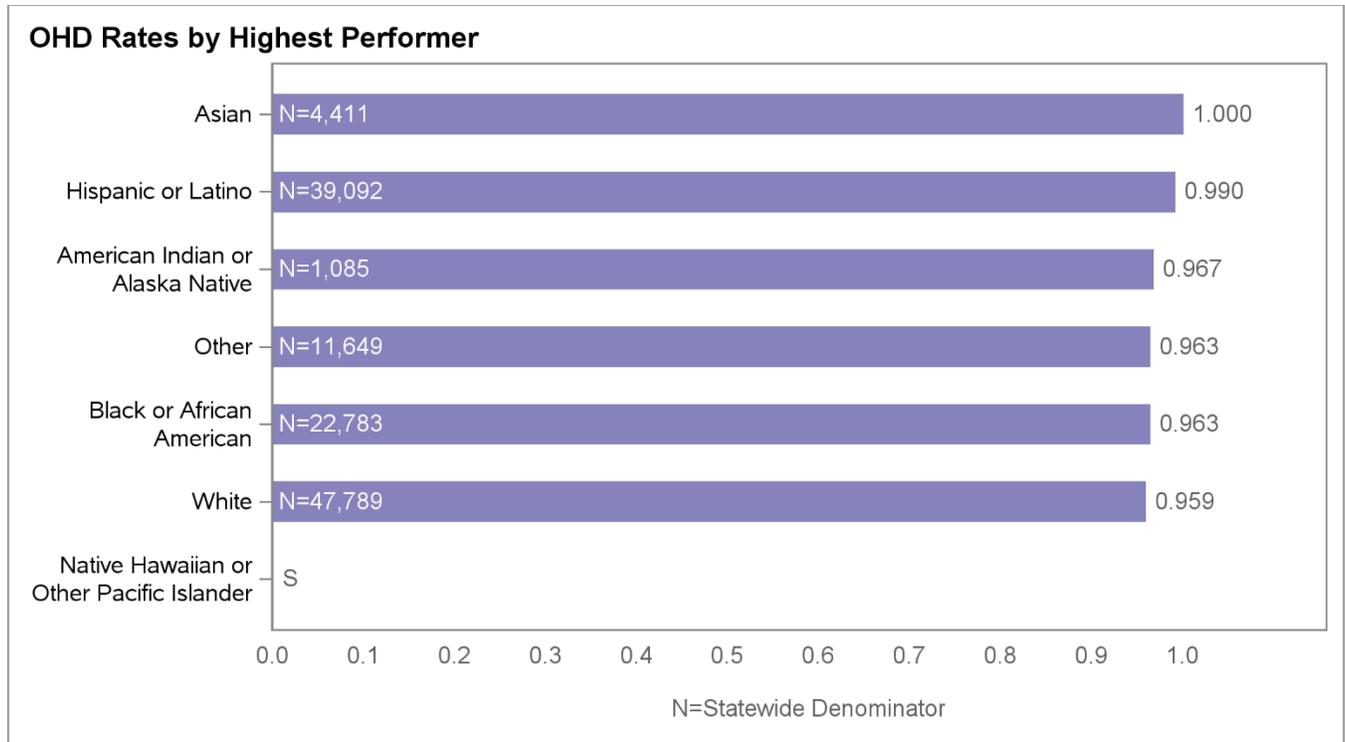
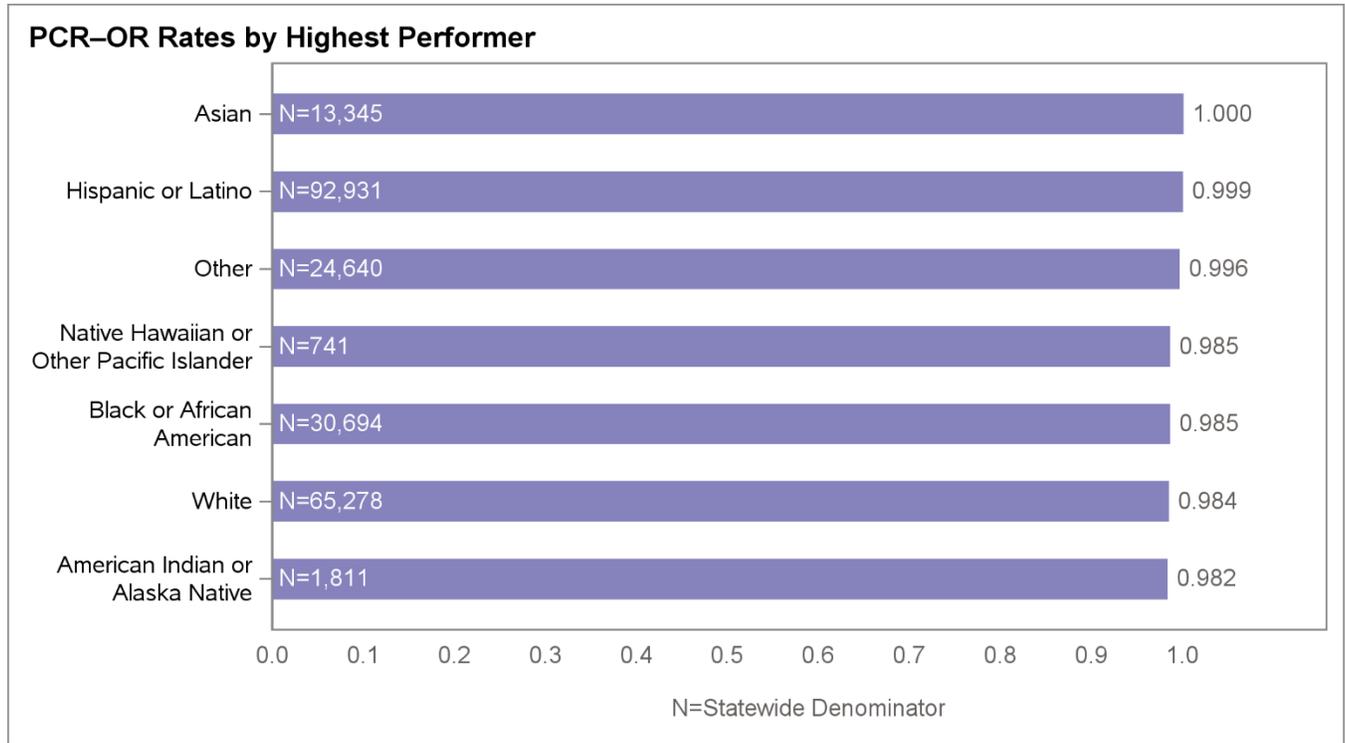


Figure A.50—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) by Highest Performing Group

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 0.991 (N=7,933).



Appendix B. Healthy Places Index Analysis

Appendix B presents graphics for each of the nine key MCAS indicators that DHCS selected for the healthy places index (HPI) analysis, stratified by race/ethnicity and HPI quartile. HSAG combined the HPI score and percentile to the patient-level detail file based on member ZIP Code using the HPI 3.0 Master File from the Public Health Alliance of Southern California website which contains data regarding the demographic composition of various communities, stratified by ZIP Code (e.g., average household income, education level, supermarket availability).¹⁰ For more information about combining the patient-level detail file and HPI data, please refer to the “Combining Data” heading in Appendix D. Methodology.

Based on the HPI percentile identified for each ZIP Code, each member was placed into a quartile range (i.e., HPI percentile values below the 25th percentile were placed into quartile 1, values at or above the 25th but below the 50th percentile were placed into quartile 2, values at or above the 50th but below the 75th percentile were placed into quartile 3, and values at or above the 75th percentile were placed into quartile 4). HSAG then calculated rates by summing the numerators and denominators for all members within a racial/ethnic group-HPI quartile combination. The nine key MCAS indicators that DHCS selected for the HPI analysis were:

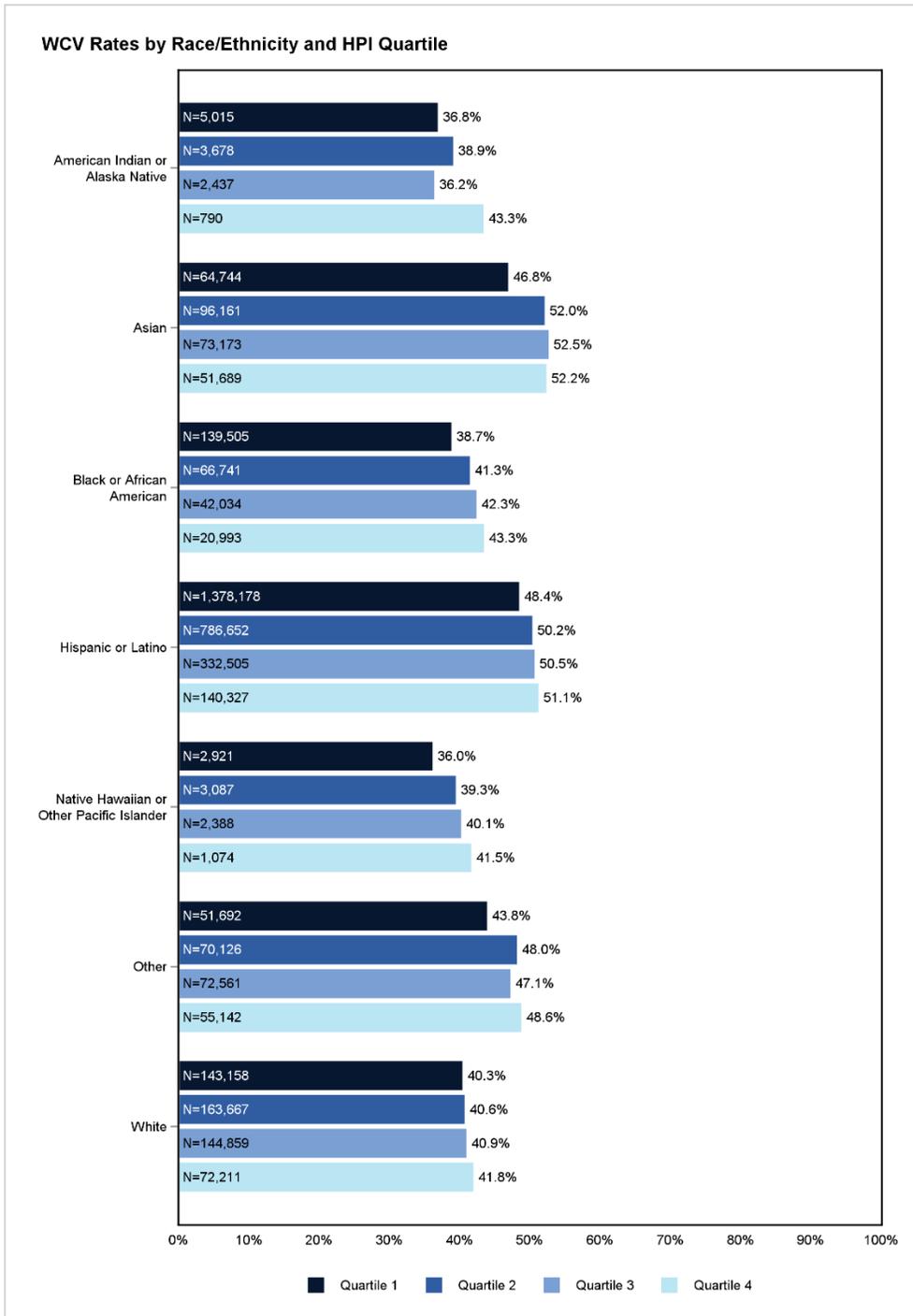
- ◆ *Child and Adolescent Well-Care Visits—Total (WCV)*
- ◆ *Childhood Immunization Status—Combination 10 (CIS-10)*
- ◆ *Controlling High Blood Pressure—Total (CBP)*
- ◆ *Comprehensive Diabetes Care (CDC-H9)*
- ◆ *Immunizations for Adolescents—Combination 2 (IMA-2)*
- ◆ *Prenatal and Postpartum Care—Postpartum Care (PPC-Pst)*
- ◆ *Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC-Pre)*
- ◆ *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)*
- ◆ *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)*

Figure B.1 through Figure B.9 display the HPI analysis results for the nine key MCAS indicators listed above.

¹⁰ Public Health Alliance of Southern California. The California Healthy Places Index. Available at: <https://www.healthyplacesindex.org/>. Accessed on: Jan 18, 2023.

Figure B.1—Child and Adolescent Well-Care Visits—Total (WCV) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).



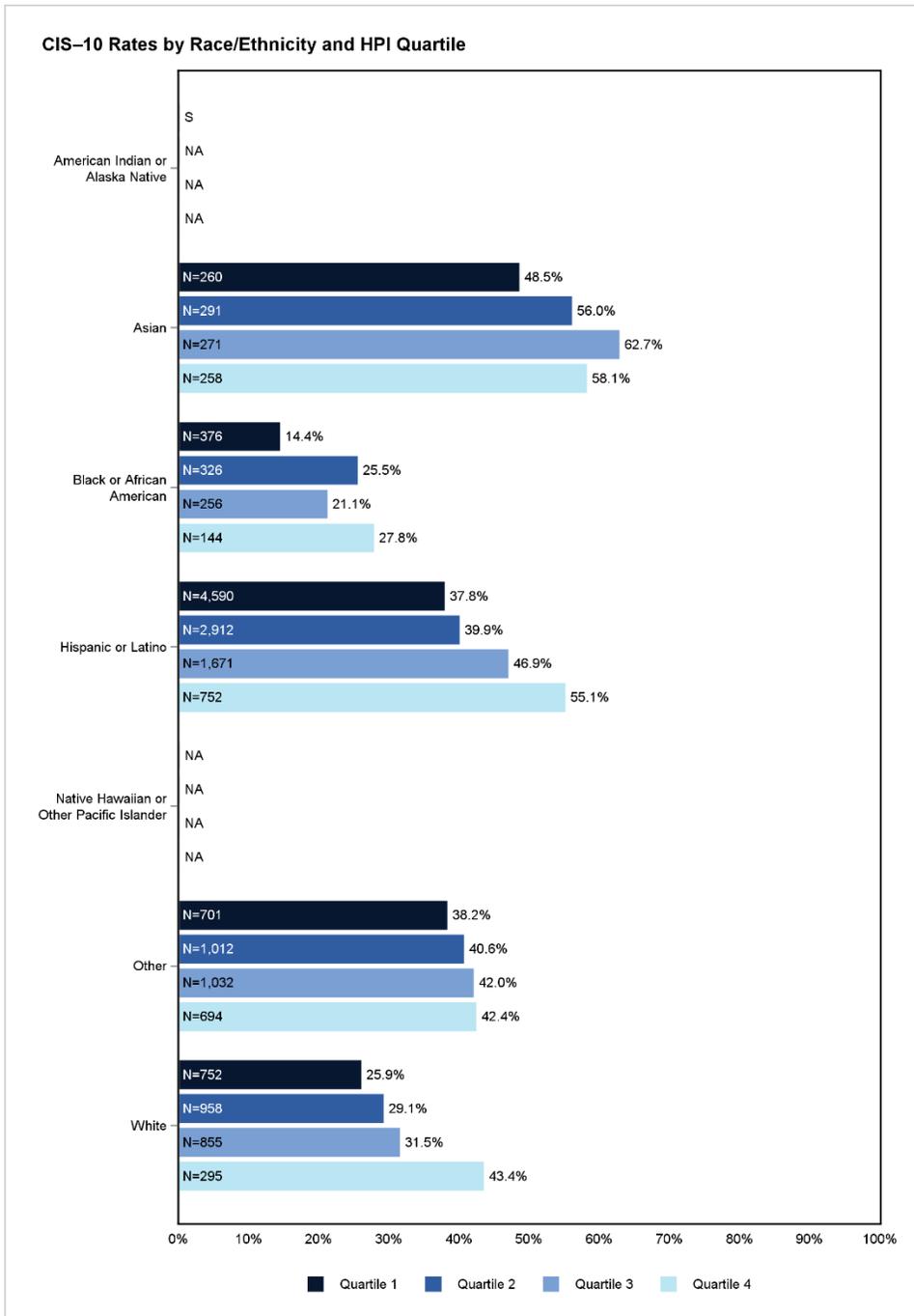
- ◆ For six of seven (85.7 percent) racial/ethnic groups (Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White), indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. Conversely, for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White), indicator rates were highest for members living in HPI quartile 4 ZIP Codes.
- ◆ For the American Indian or Alaska Native racial/ethnic group, the indicator rate for members living in HPI quartile 4 ZIP Codes was higher than the overall American Indian or Alaska Native indicator rate by more than a 15 percent relative difference.

Figure B.2—Childhood Immunization Status—Combination 10 (CIS–10) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).

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 (HIPPA) Privacy Rule’s de-identification standard.

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



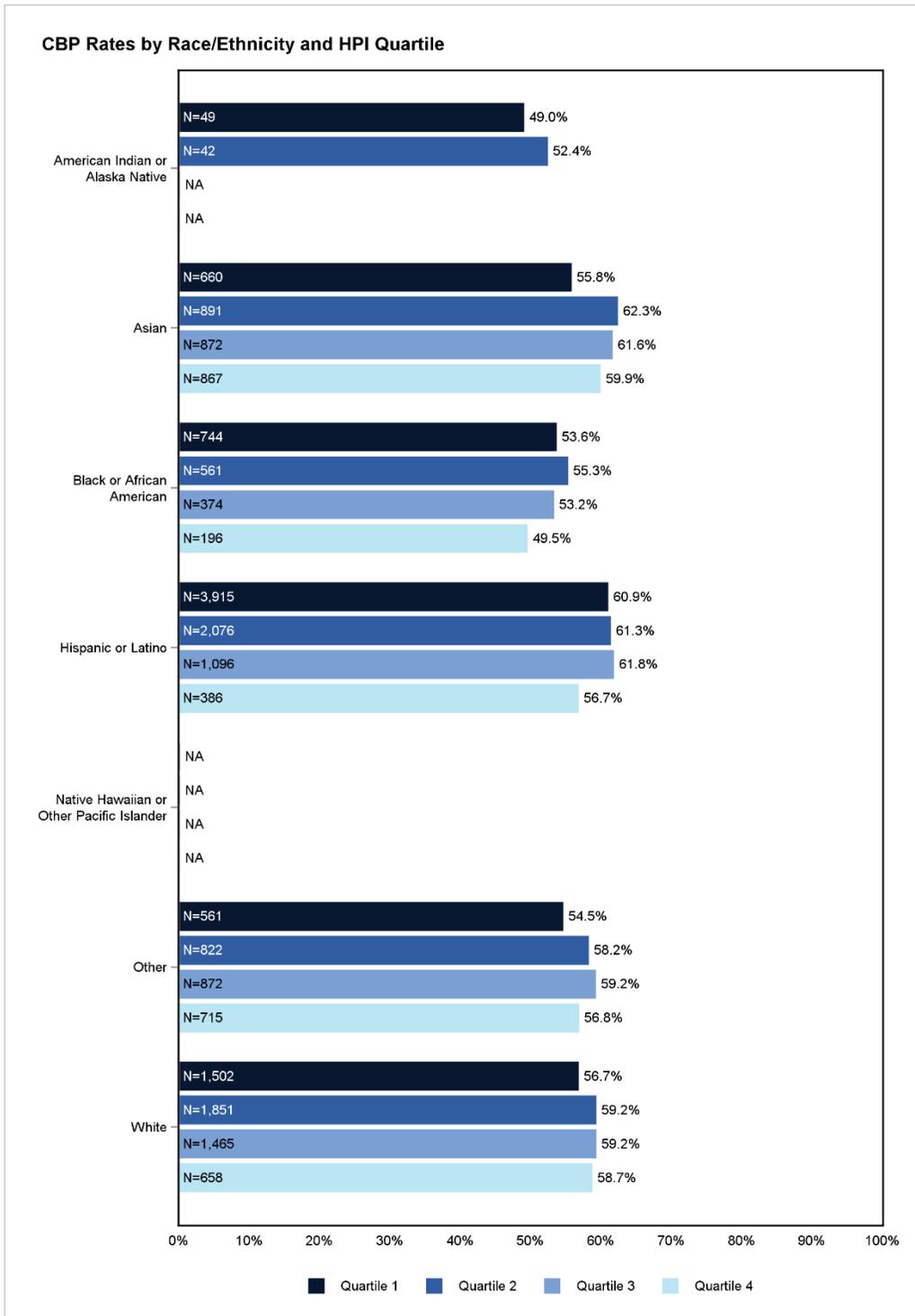
- ◆ For all racial/ethnic groups with reportable rates, indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. Conversely, for six of seven (85.7 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and White), indicator rates were highest for members living in HPI quartile 4 ZIP Codes.
- ◆ The following racial/ethnic group-HPI Quartile combination rates were above their respective statewide rate by at least a 10 percent relative difference:
 - Asian—Quartile 3

- Black or African American—Quartiles 2 and 4
- Hispanic or Latino—Quartiles 3 and 4
- White—Quartile 4
- ◆ The following racial/ethnic group-HPI Quartile combination rates were below their respective statewide rate by at least a 10 percent relative difference:
 - Asian—Quartile 1
 - Black or African American—Quartile 1
 - White—Quartile 1

Figure B.3—Controlling High Blood Pressure—Total (CBP) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).

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



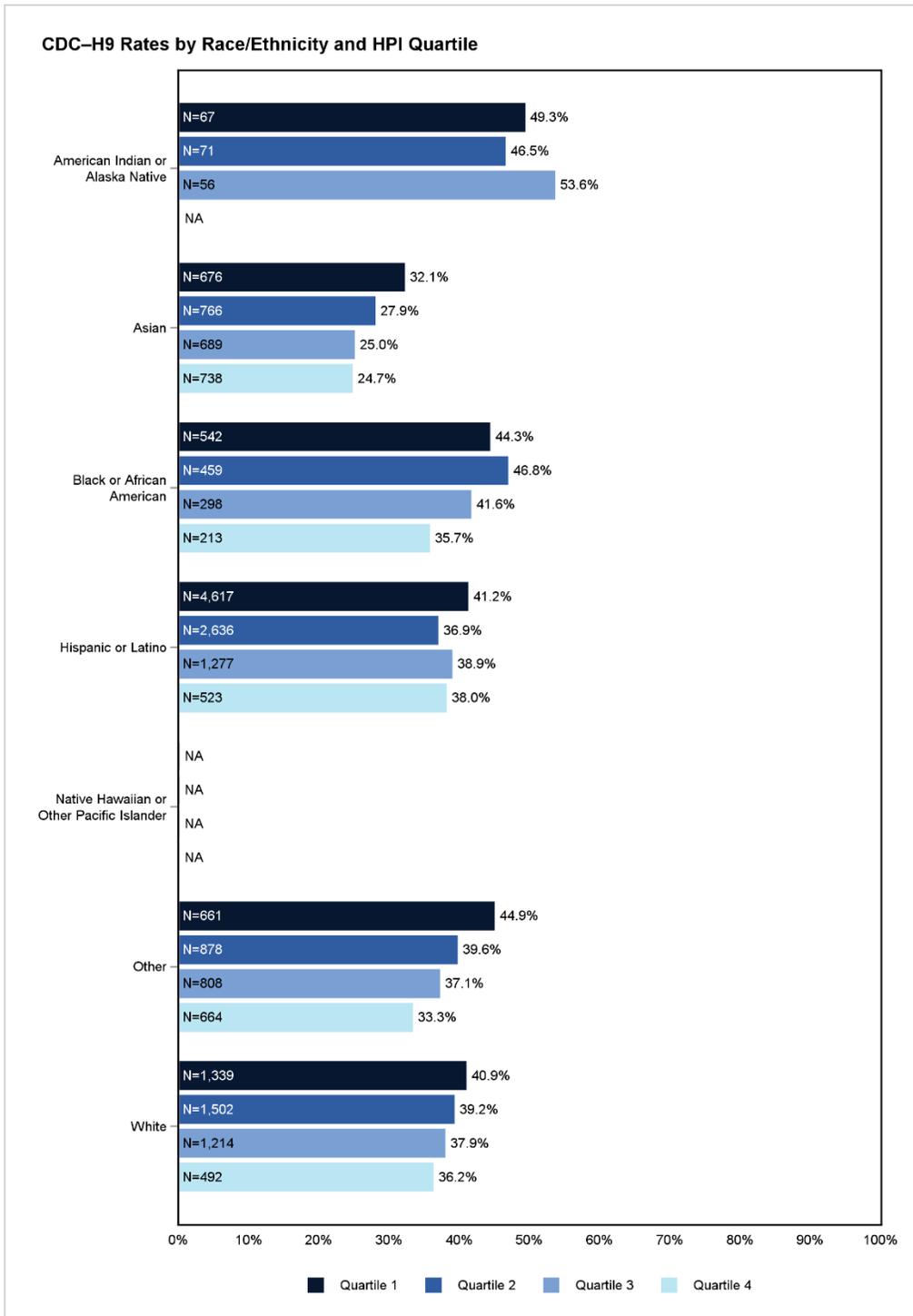
- ◆ For four of six (66.7 percent) racial/ethnic groups with reportable rates (American Indian or Alaska Native, Asian, Other, and White), indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. However, no racial/ethnic groups had an indicator rate that was highest for members living in HPI quartile 4 ZIP Codes.

- ◆ For the American Indian or Alaska Native racial/ethnic group, the indicator rate for members living in HPI quartile 1 ZIP Codes was lower than the overall American Indian or Alaska Native indicator rate by more than a 10 percent relative difference.

Figure B.4—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent) (CDC–H9) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).

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



- ◆ For four of six (66.7 percent) racial/ethnic groups with reportable rates (Asian, Hispanic or Latino, Other, and White), indicator rates were highest (i.e., worst) for members living in HPI quartile 1 ZIP Codes. Conversely, for four of six (66.7 percent) racial/ethnic groups with reportable rates (Asian, Black or African American, Other, and White), indicator rates were lowest (i.e., best) for members living in HPI quartile 4 ZIP Codes.

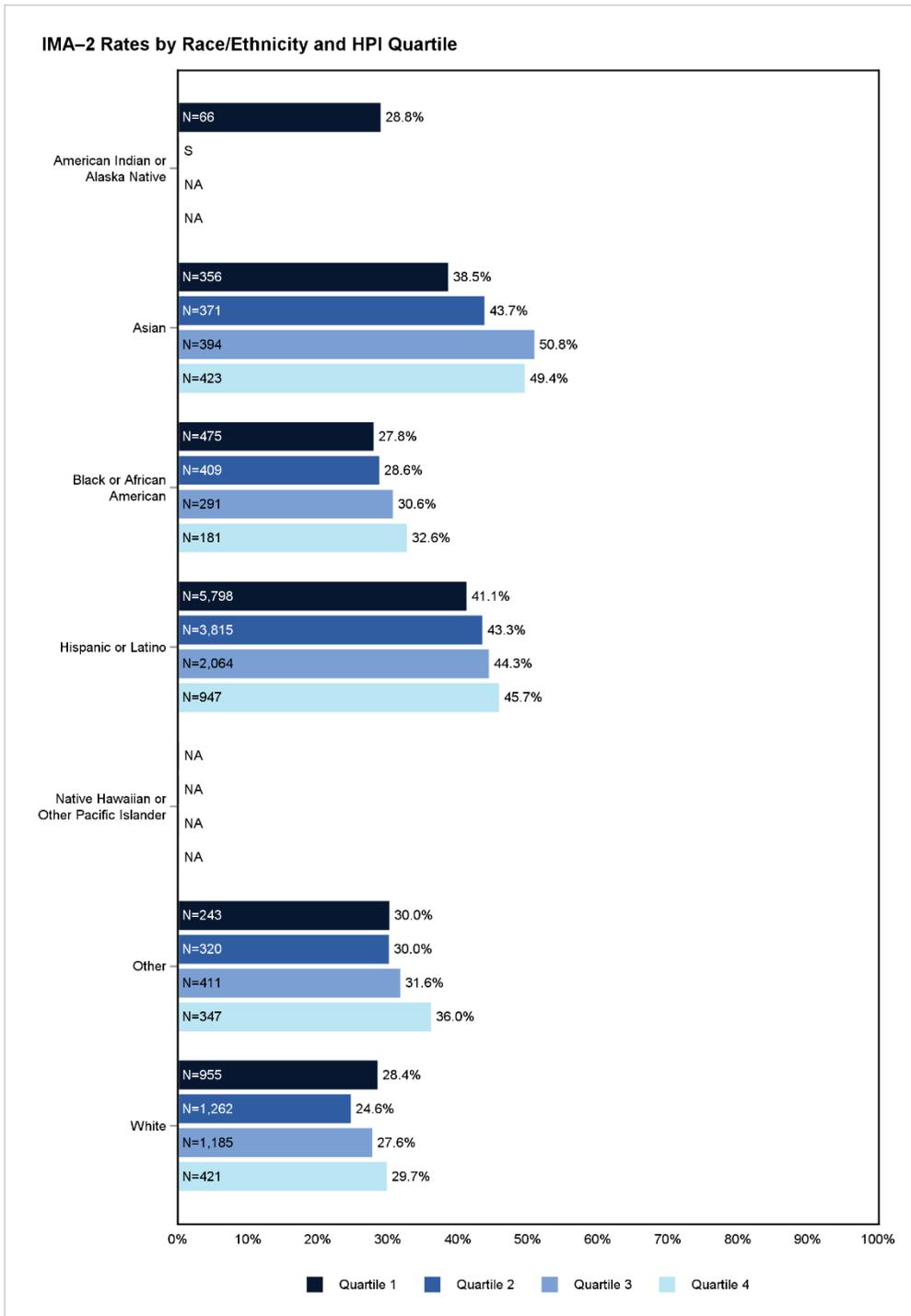
- ◆ The following racial/ethnic group-HPI Quartile combination rates were below (i.e., better than) their respective statewide rate by at least a 10 percent relative difference:
 - Black or African American—Quartile 4
 - Other—Quartile 4
- ◆ The following racial/ethnic group-HPI Quartile combination rates were above (i.e., worse than) their respective statewide rate by at least a 10 percent relative difference:
 - Asian—Quartile 1
 - Other—Quartile 1

Figure B.5—Immunizations for Adolescents—Combination 2 (IMA–2) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).

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 (HIPPA) Privacy Rule’s de-identification standard.

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



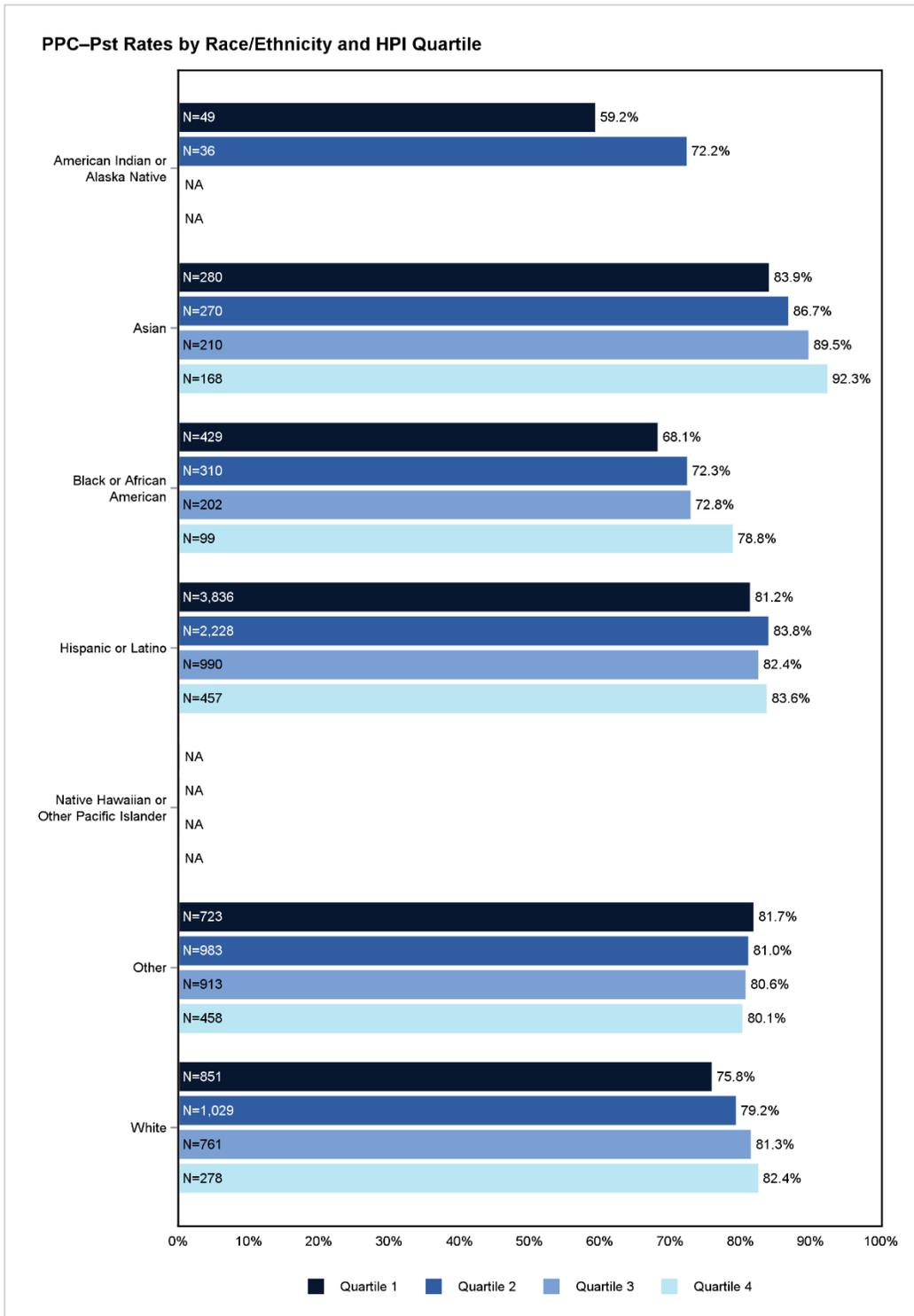
- ◆ For four of six (66.7 percent) racial/ethnic groups with reportable rates (Asian, Black or African American, Hispanic or Latino, and Other), indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. Conversely, for four of five (80.0 percent) racial/ethnic groups with reportable rates (Black or African American, Hispanic or Latino, Other, and White), indicator rates were highest for members living in HPI quartile 4 ZIP Codes.

- ◆ The following racial/ethnic group-HPI Quartile combination rates were above their respective statewide rate by at least a 10 percent relative difference:
 - Asian—Quartile 3
 - Black or African American—Quartile 4
 - Other—Quartile 4
 - White—Quartile 4
- ◆ The rate for the Asian racial/ethnic group residing in HPI Quartile 1 Zip Codes was below its respective statewide rate by at least a 10 percent relative difference.

Figure B.6—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).

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



- ◆ For all six racial/ethnic groups with reportable rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White), indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. Conversely, for three of five (60.0 percent) racial/ethnic groups with reportable rates

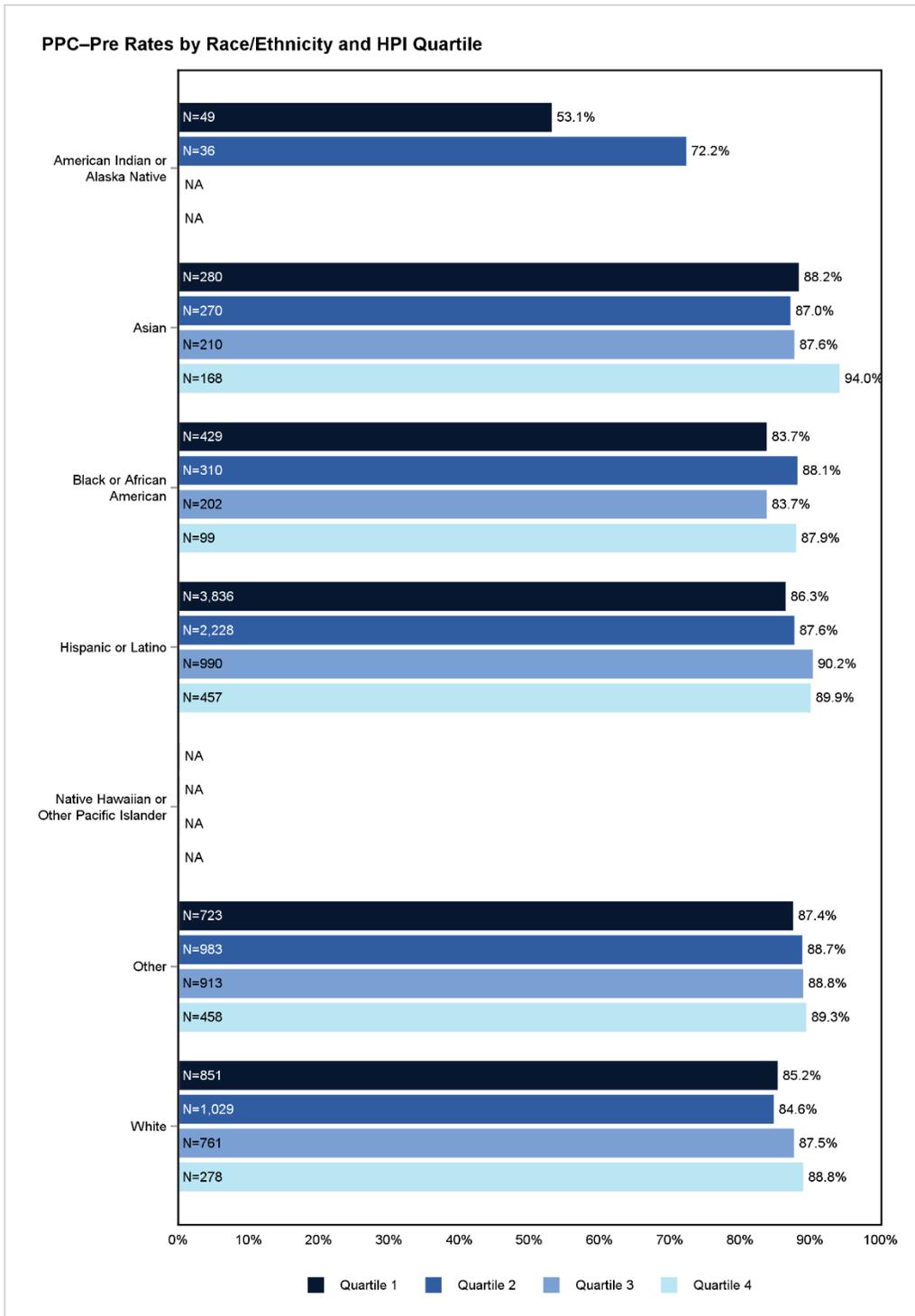
(Asian, Black or African American, and White), indicator rates were highest for members living in HPI quartile 4 ZIP Codes.

- ◆ The following racial/ethnic group-HPI Quartile combination rates were above their respective statewide rate by at least a 10 percent relative difference:
 - American Indian or Alaska Native—Quartile 2
 - Black or African American—Quartile 4

Figure B.7—Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).

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

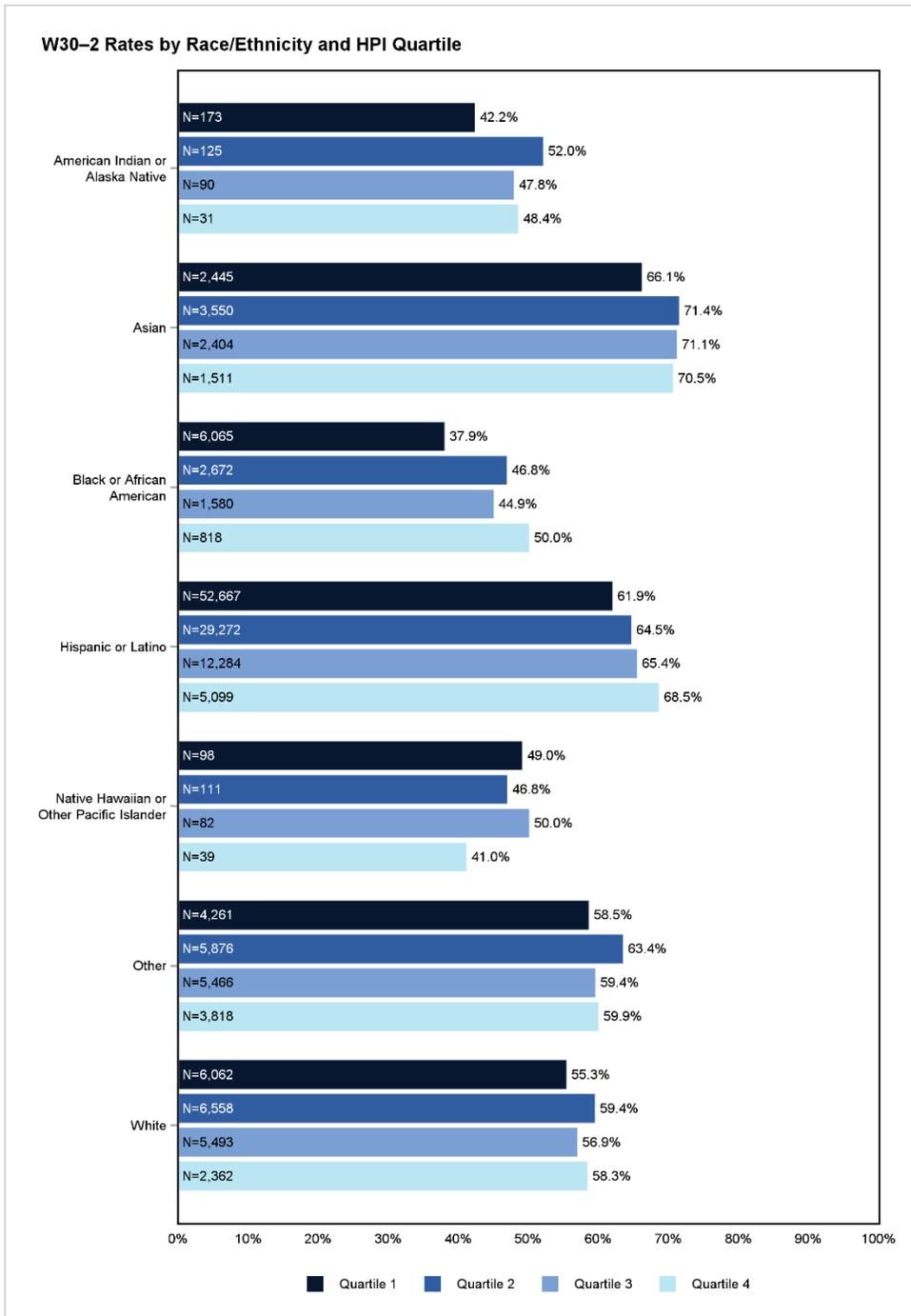


- ◆ For four of six (66.7 percent) racial/ethnic groups with reportable rates (American Indian or Alaska Native, Black or African American, Hispanic or Latino, and Other), indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. Conversely, for three of five (60.0 percent) racial/ethnic groups with reportable rates (Asian, Other, and White), indicator rates were highest for members living in HPI quartile 4 ZIP Codes.

- ◆ The rate for the American Indian or Alaska Native racial/ethnic group residing in HPI Quartile 2 Zip Codes was above its respective statewide rate by over a 10 percent relative difference.
- ◆ The rate for the American Indian or Alaska Native racial/ethnic group residing in HPI Quartile 1 Zip Codes was below its respective statewide rate by over a 10 percent relative difference.

Figure B.8—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) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).



- ◆ For six of seven (85.7 percent) racial/ethnic groups with reportable rates (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, and White), indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. Conversely, for two of seven racial/ethnic groups with reportable rates (Black or African American and Hispanic or Latino), indicator rates were highest for members living in HPI quartile 4 ZIP Codes.

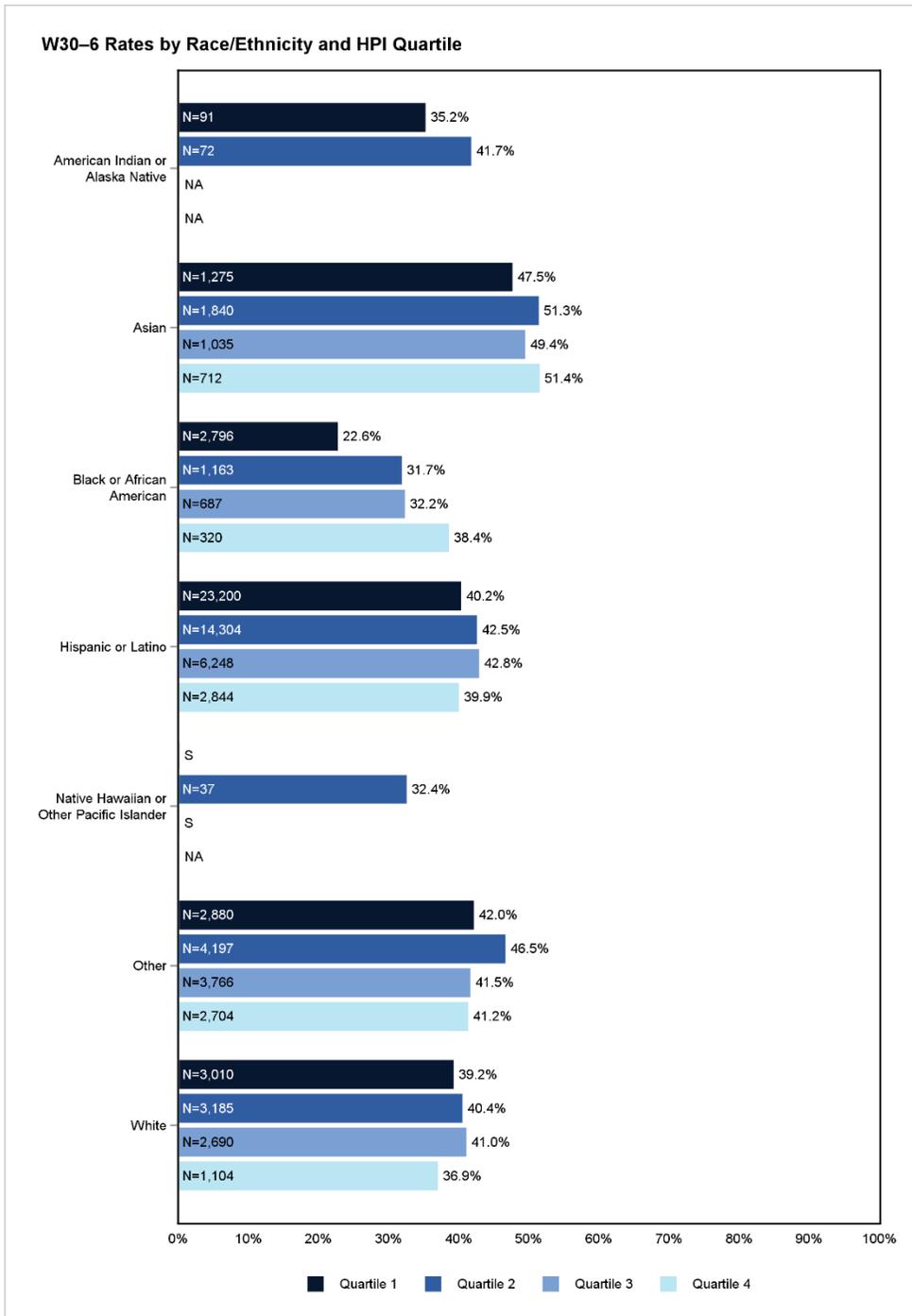
- ◆ The following racial/ethnic group-HPI Quartile combination rates were above their respective statewide rate by at least a 10 percent relative difference:
 - American Indian or Alaska Native—Quartile 2
 - Black or African American—Quartiles 2 and 4
- ◆ The rate for the Native Hawaiian or Other Pacific Islander racial/ethnic group residing in HPI Quartile 4 Zip Codes was below its respective statewide rate by over a 10 percent relative difference.

Figure B.9—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) by Race/Ethnicity and HPI Quartile

Note: A higher HPI quartile represents healthier community conditions (i.e., ZIP Codes in quartile 1 have the least healthy community conditions; ZIP Codes in quartile 4 have the healthiest community conditions).

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 (HIPPA) Privacy Rule’s de-identification standard.

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



- ◆ For three of six (50.0 percent) racial/ethnic groups with reportable rates (American Indian or Alaska Native, Asian, and Black or African American), indicator rates were lowest for members living in HPI quartile 1 ZIP Codes. Conversely, for two of five (40.0 percent) racial/ethnic groups with reportable rates (Asian and Black or African American), indicator rates were highest for members living in HPI quartile 4 ZIP Codes.
- ◆ The following racial/ethnic group-HPI Quartile combination rates were above their respective statewide rate by at least a 10 percent relative difference:

- American Indian or Alaska Native—Quartile 2
- Black or African American—Quartiles 2, 3, and 4
- Native Hawaiian or Other Pacific Islander—Quartile 2
- ◆ The rate for the Black or African American racial/ethnic group residing in HPI Quartile 1 Zip Codes was below its respective statewide rate by over a 10 percent relative difference.

Appendix C. Demographic Stratification Results

Appendix C displays graphics for the COVID-19 primary series and boosted vaccination rates among the MCMC population stratified by SPD and non-SPD populations. Additionally, Appendix C displays graphics for all MCAS indicators that display measurement year 2020 and 2021 rates stratified by race/ethnicity, primary language, gender, age, and SPD populations, as applicable. The minimum performance level/median state performance rate, high performance level, and statewide aggregate are displayed on all graphics, where applicable. Please note, all stratified rates are presented in Appendix C regardless of whether they were considered key findings and included in the Findings section of the report. The appendix is organized by domain and indicator. Figure C.7 through Figure C.200 display all demographic stratification results.

COVID-19 Vaccination Summary

Figure C.1 through Figure C.6 display the COVID-19 primary series and boosted vaccination rates among the MCMC population stratified by SPD and non-SPD populations.

Figure C.1—COVID-19 Vaccination Status by Race/Ethnicity—Primary Series

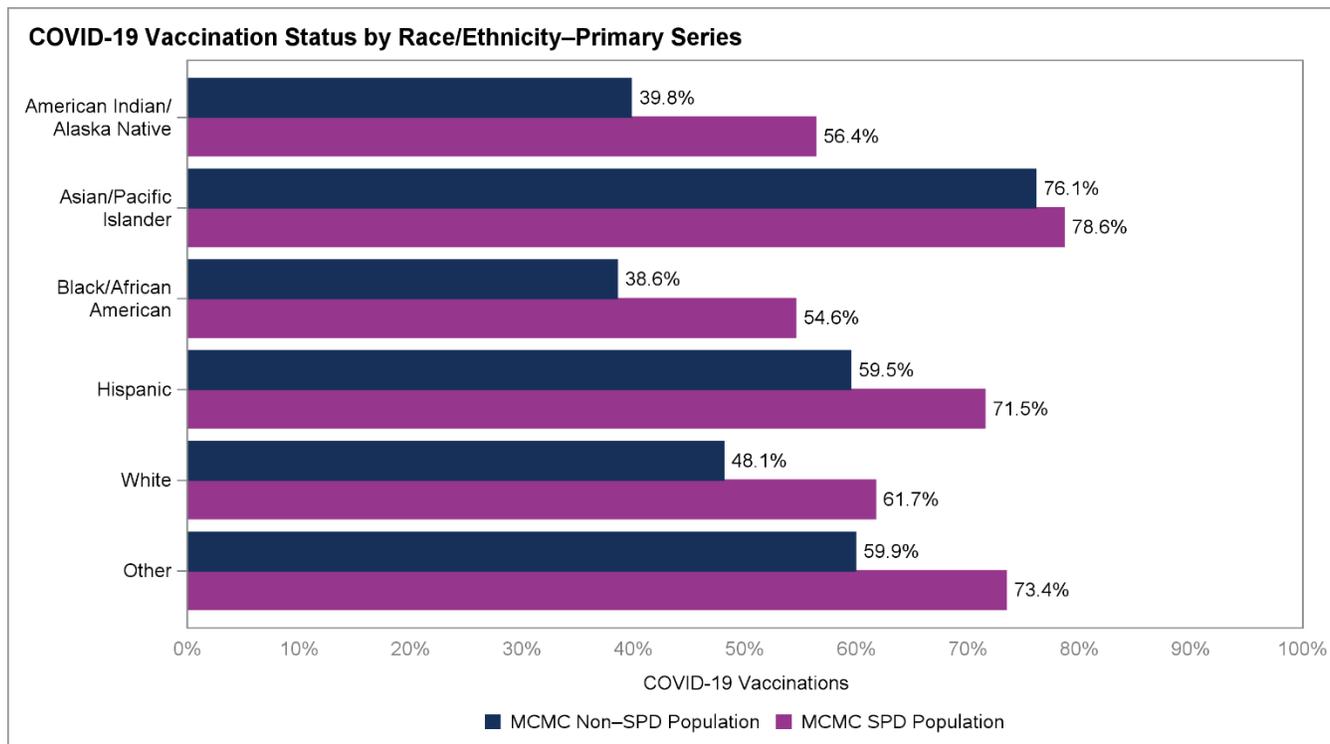


Figure C.2—COVID-19 Vaccination Status by Race/Ethnicity—Boosted

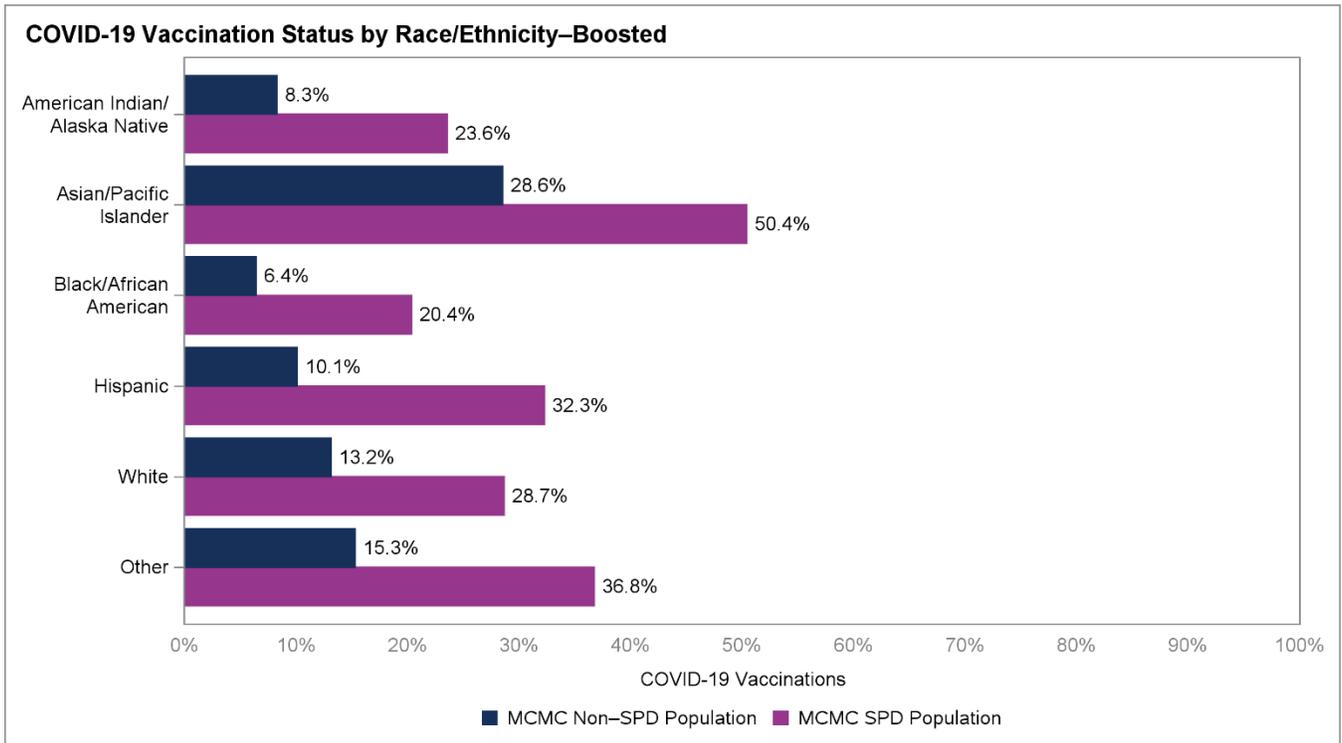


Figure C.3—COVID-19 Vaccination Status by Age—Primary Series

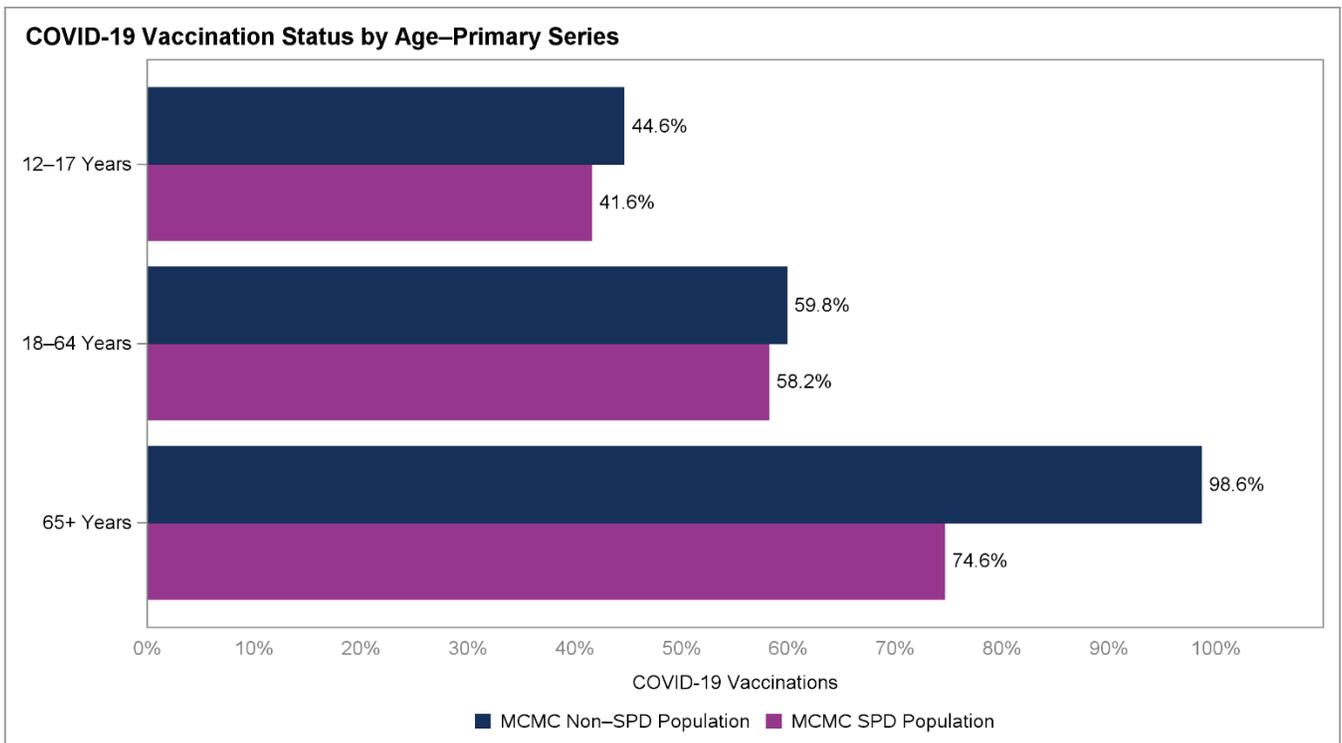


Figure C.4—COVID-19 Vaccination Status by Age—Boosted

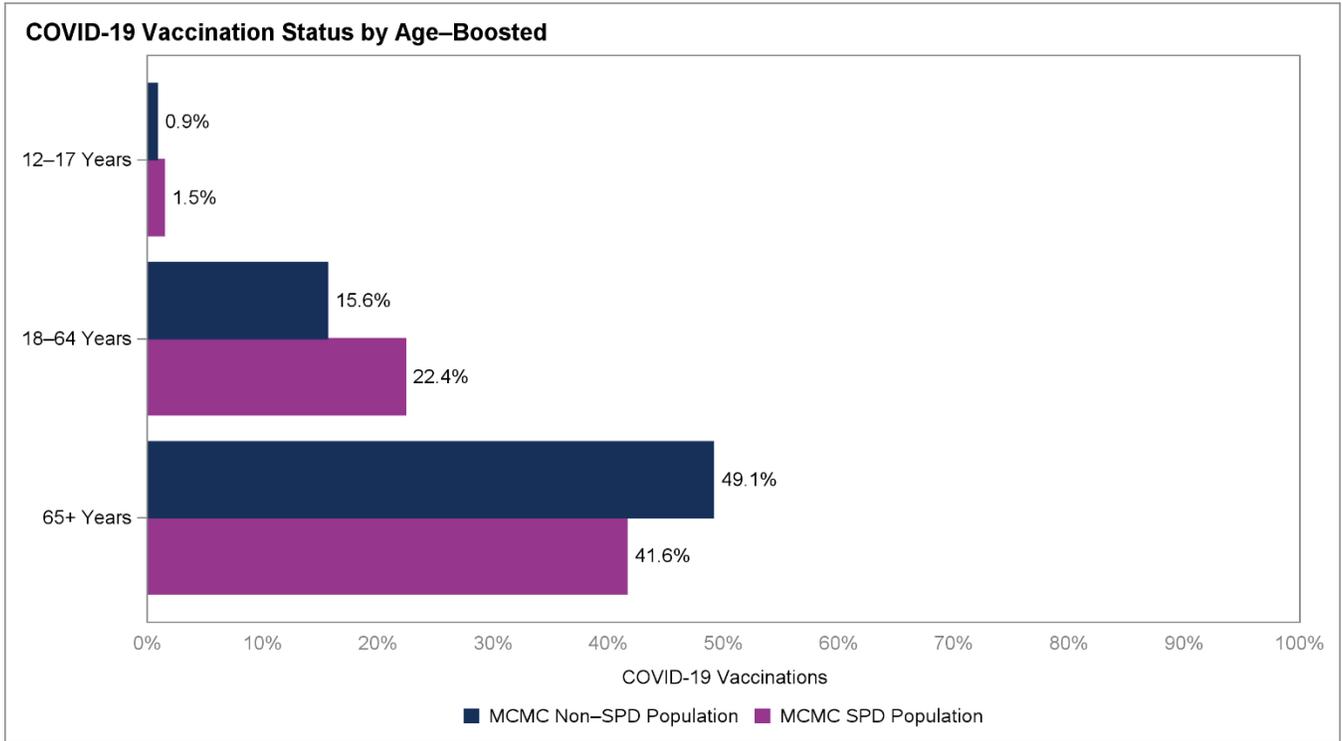


Figure C.5—COVID-19 Vaccination Status by Gender—Primary Series

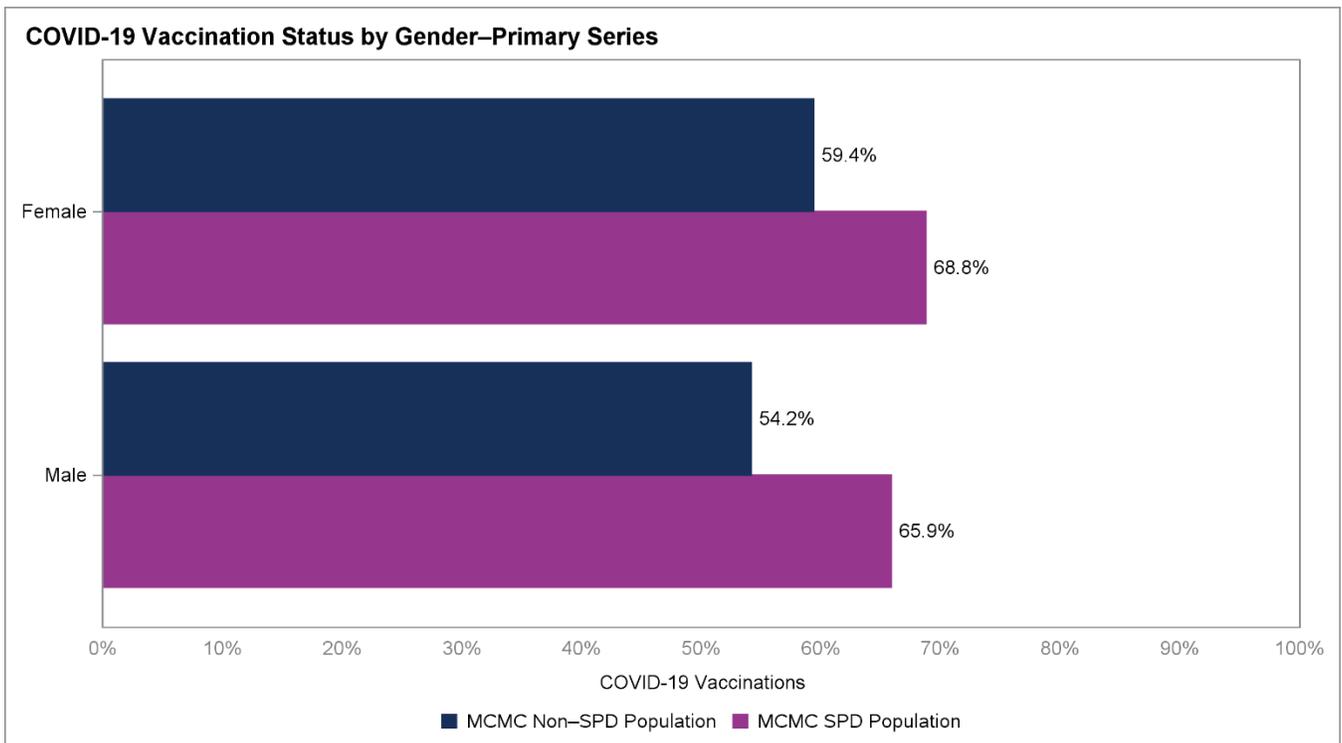
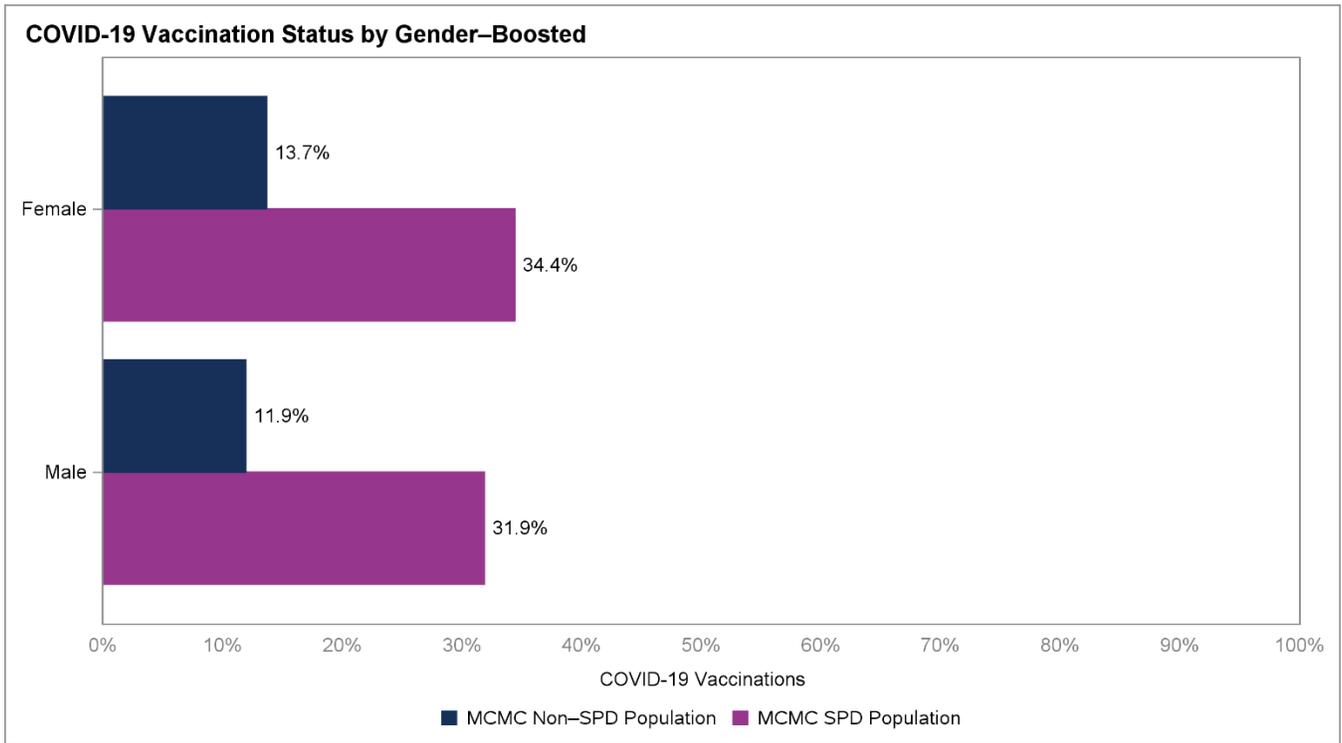


Figure C.6—COVID-19 Vaccination Status by Gender—Boosted



Children’s Health Domain

Figure C.7 through Figure C.47 display the demographic stratification results for the Children’s Health domain.

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 C.7—Child and Adolescent Well-Care Visits—Total (WCV) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 42.3 percent (N=158,676) and 49.1 percent (N=182,090), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 45.3 percent.

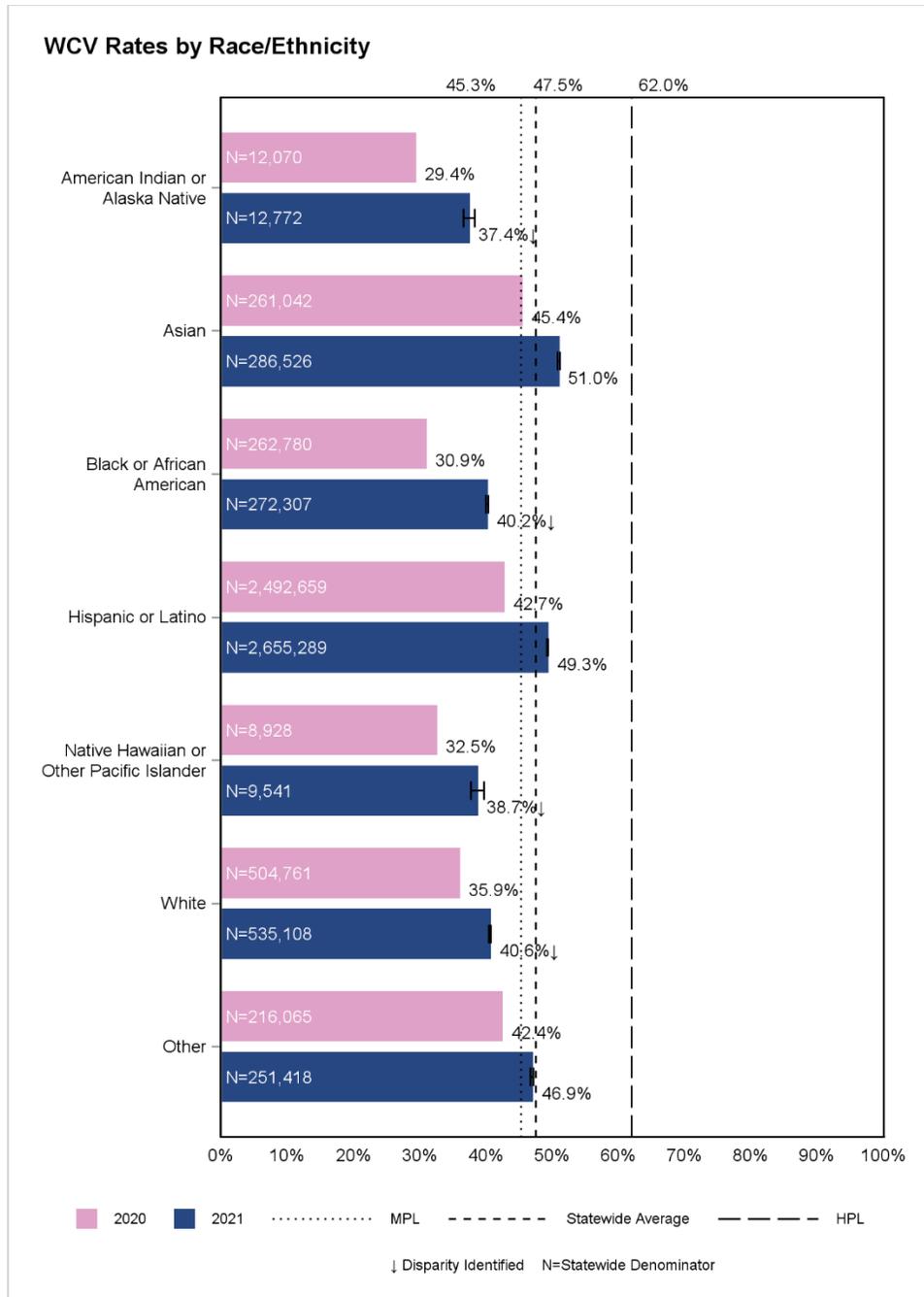


Figure C.8—Child and Adolescent Well-Care Visits—Total (WCV) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 29.0 percent (N=2,352) and 35.0 percent (N=2,250), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 45.3 percent.

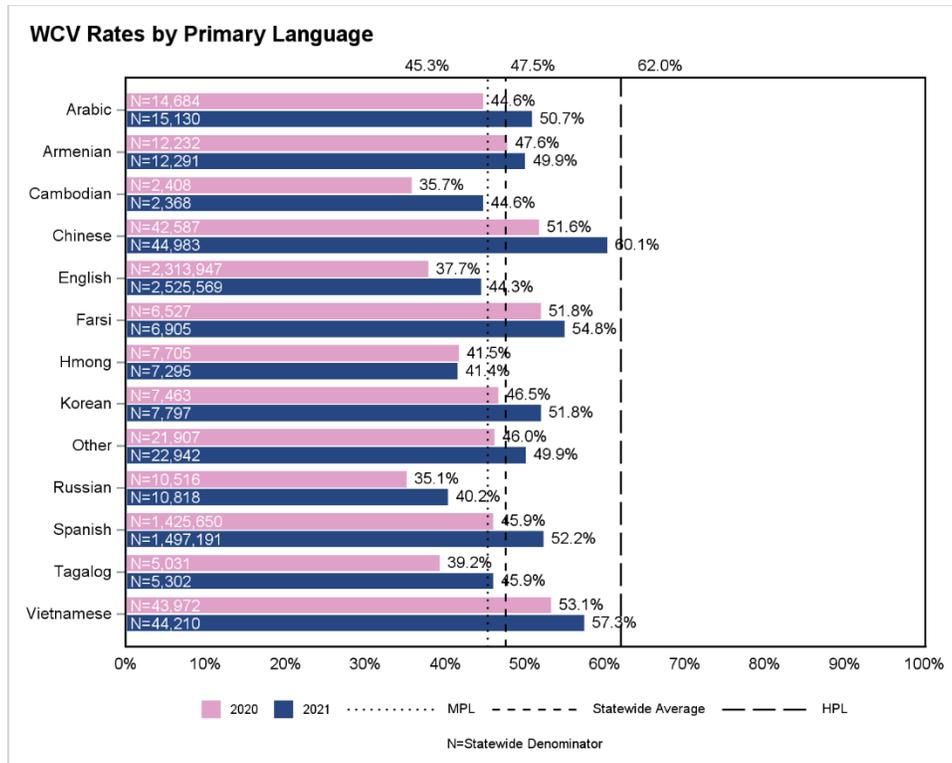


Figure C.9—Child and Adolescent Well-Care Visits—Total (WCV) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 41.1 percent.

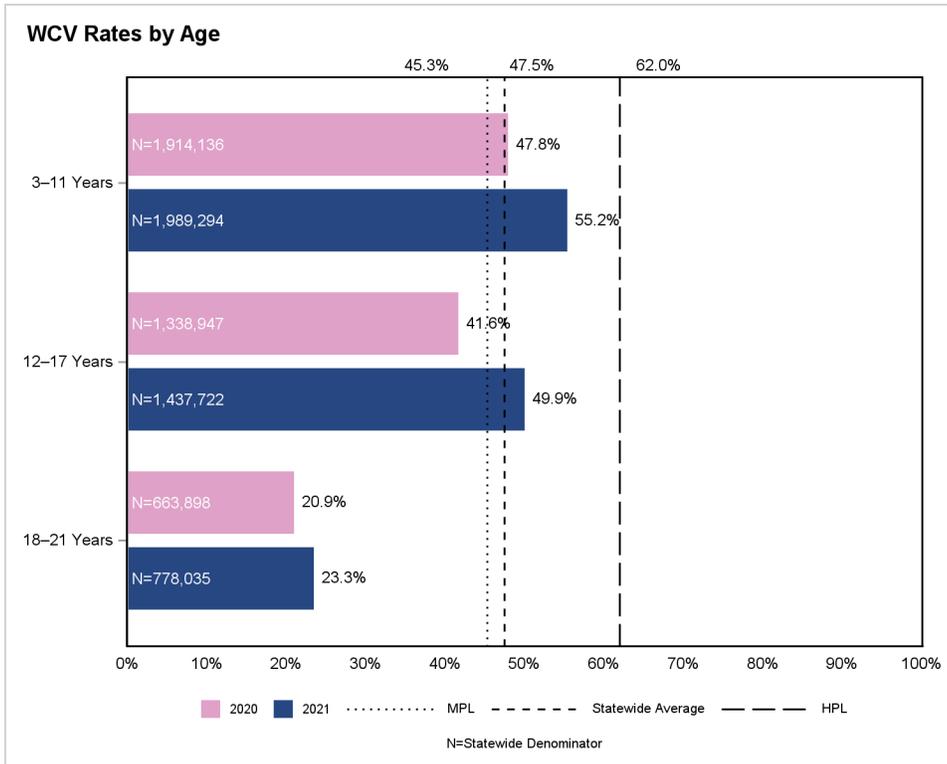


Figure C.10—Child and Adolescent Well-Care Visits—Total (WCV) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 43.7 percent (N=709) and 48.1 percent (N=857), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 41.1 percent.

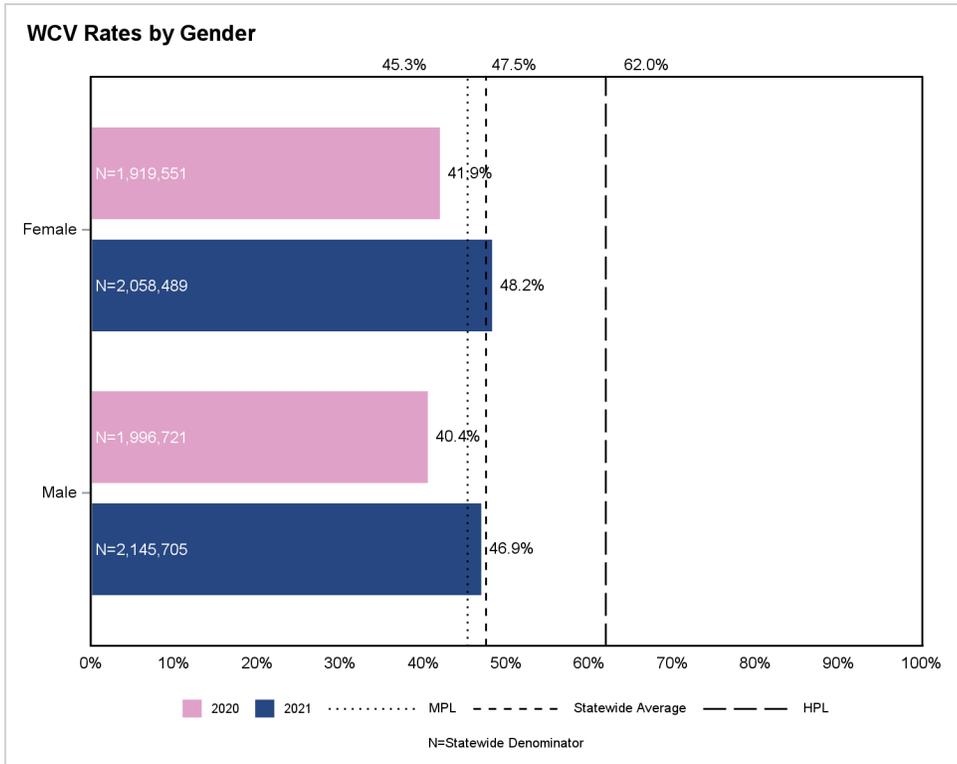
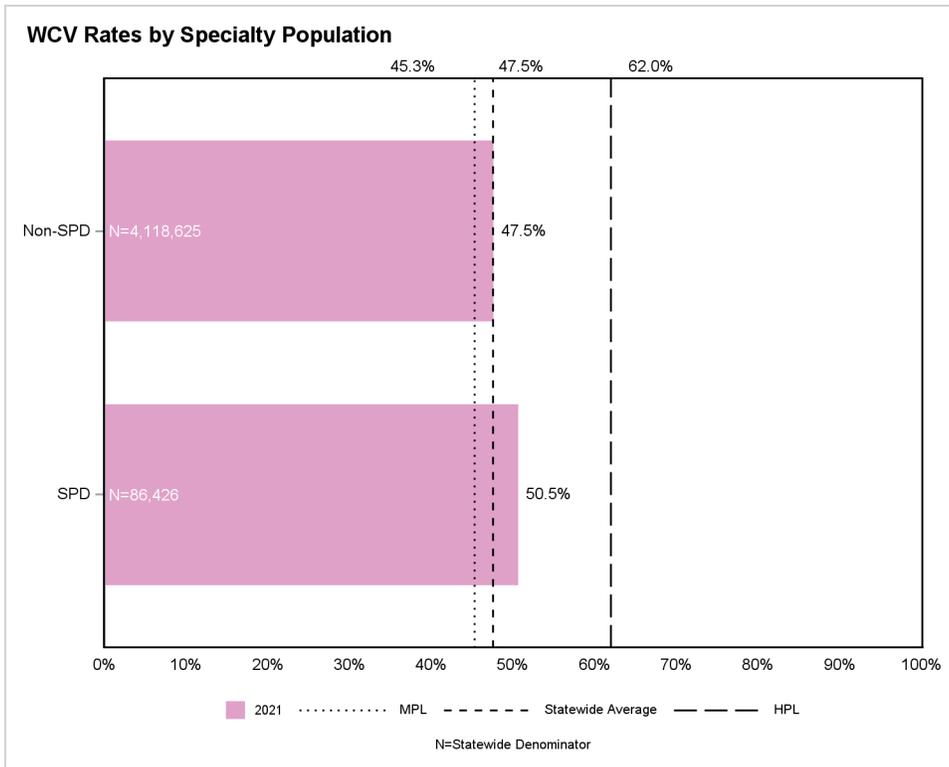


Figure C.11—Child and Adolescent Well-Care Visits—Total (WCV) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.12—Childhood Immunization Status—Combination 10 (CIS–10) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 31.6 percent (N=2,889) and 31.1 percent (N=3,236), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.4 percent and 52.1 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.8 percent.

CIS-10 Rates by Race/Ethnicity

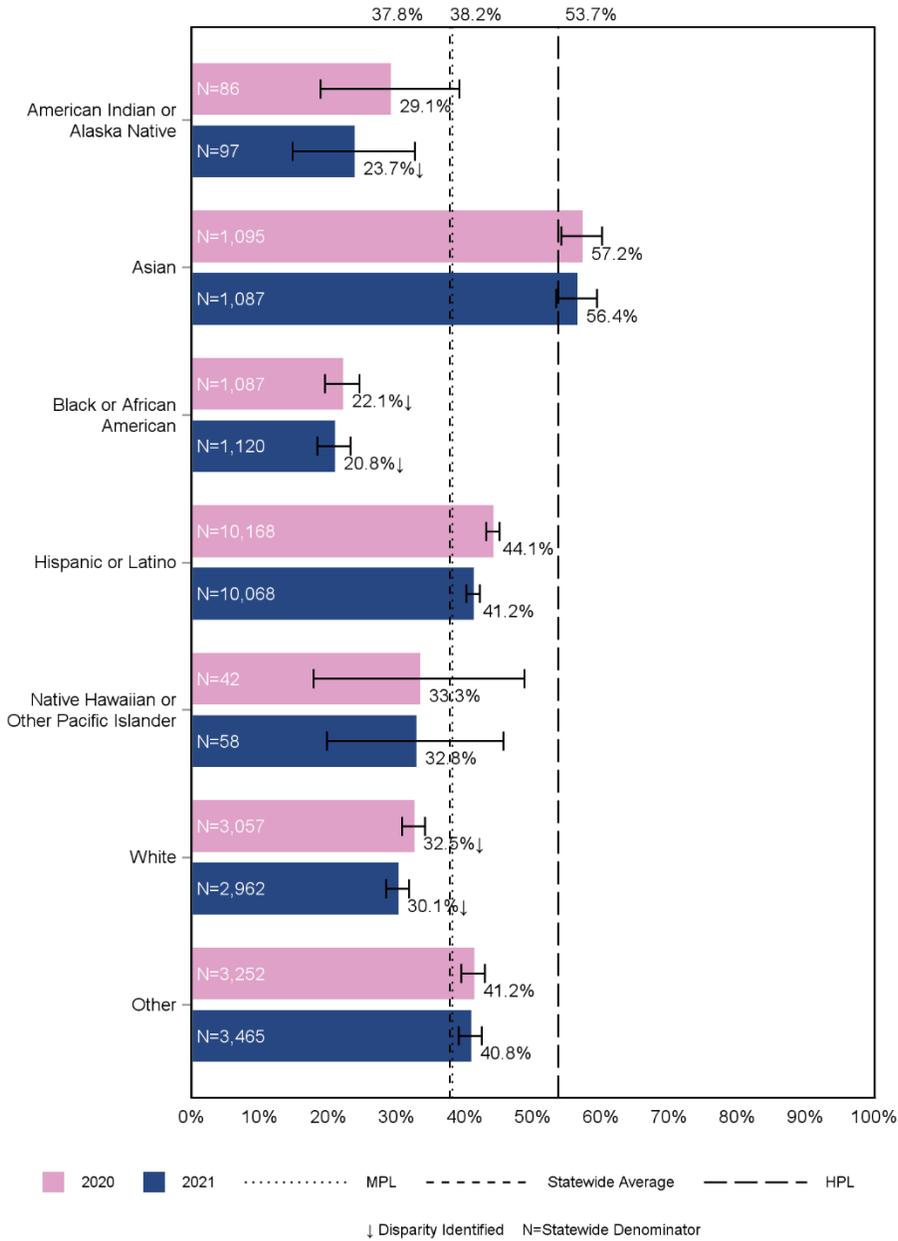


Figure C.13—Childhood Immunization Status—Combination 10 (CIS-10) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.4 percent and 52.1 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.8 percent.

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).

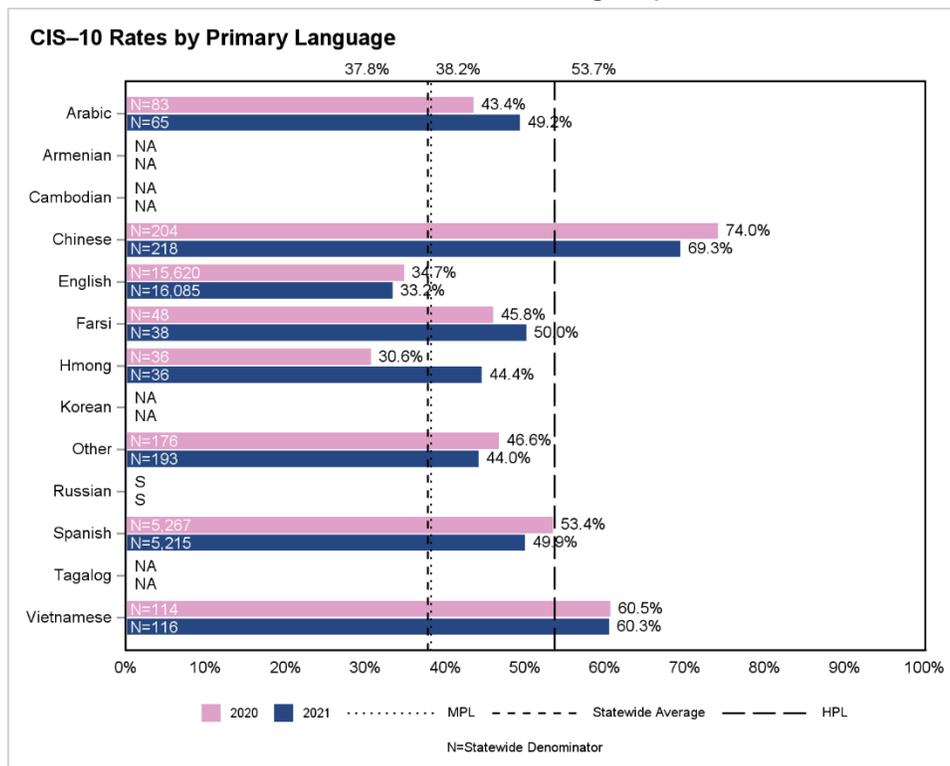


Figure C.14—Childhood Immunization Status—Combination 10 (CIS-10) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.4 percent and 52.1 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.8 percent.

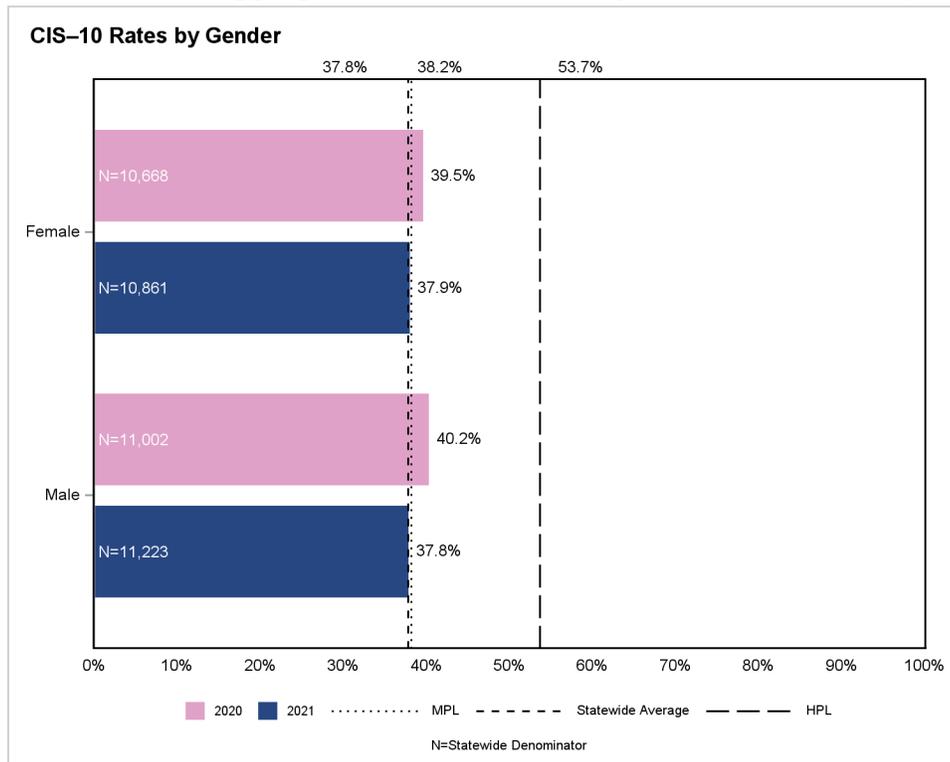
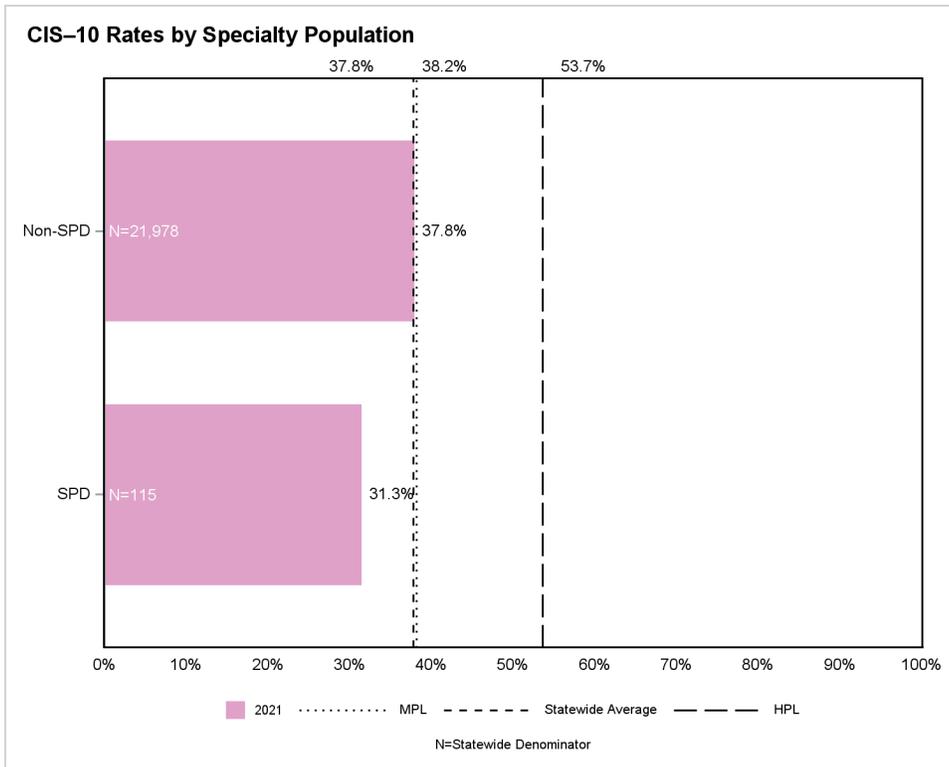


Figure C.15—Childhood Immunization Status—Combination 10 (CIS-10) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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. Due to inconsistent reporting of electronic health record (EHR) data by MCPs, differences in rates may be impacted by data completeness.

Figure C.16—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 19.5 percent (N=53,467) and 24.9 percent (N=60,590), respectively

The median state performance rate represents the 50th percentile.

The median state performance rate for measurement year 2020 was 35.6 percent.

The statewide aggregate for measurement year 2020 was 23.1 percent.

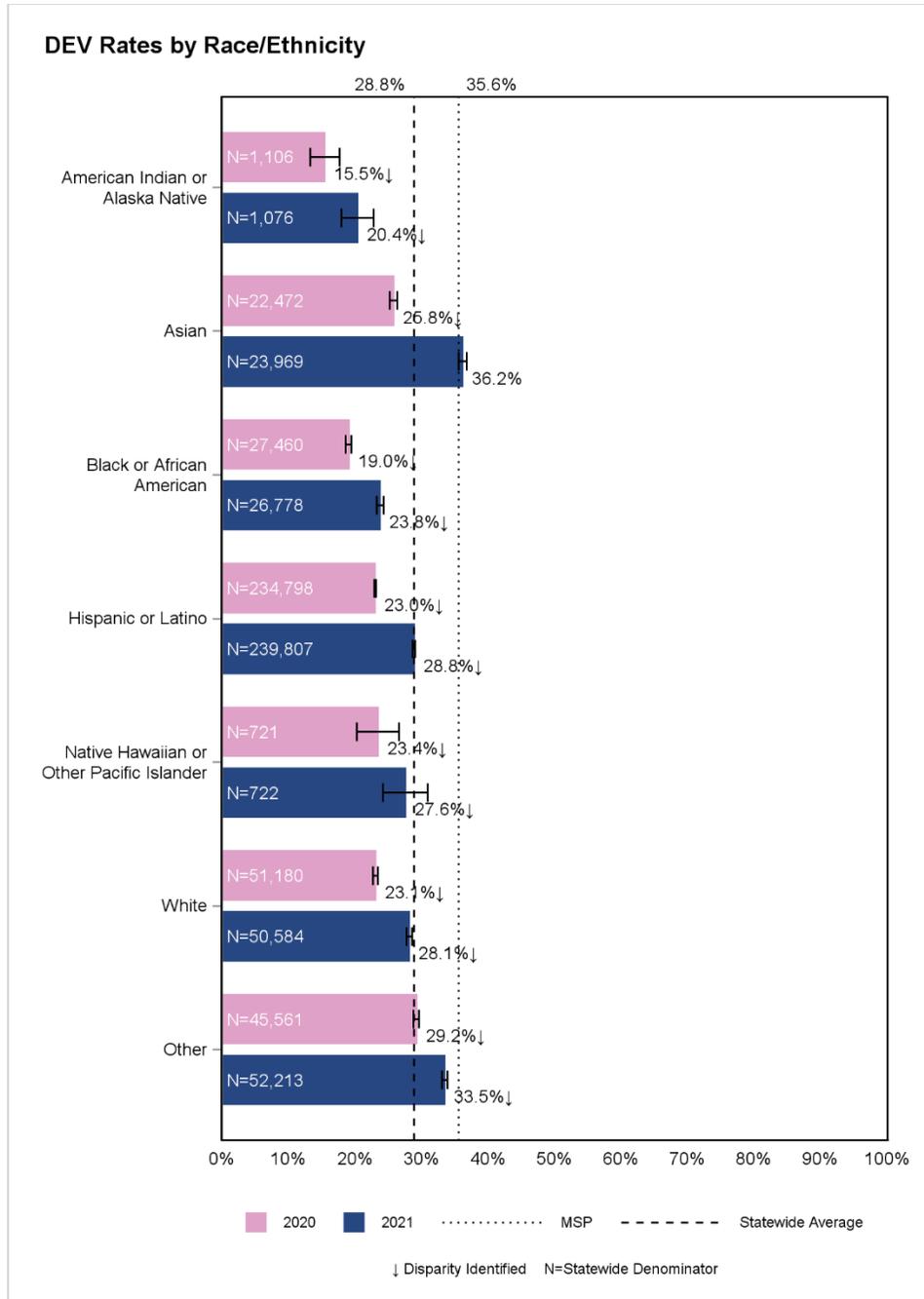


Figure C.17—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 17.3 percent (N=405) and 21.5 percent (N=460), respectively

The median state performance rate represents the 50th percentile.

The median state performance rate for measurement year 2020 was 35.6 percent.

The statewide aggregate for measurement year 2020 was 23.1 percent.

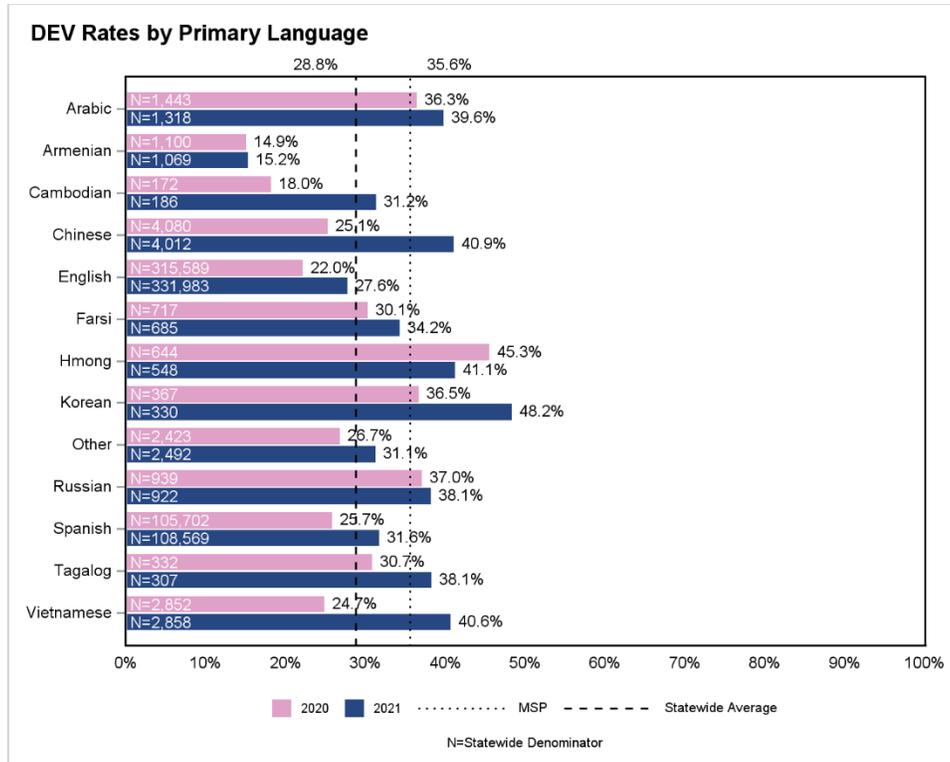


Figure C.18—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Age

Note: The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 35.6 percent. The statewide aggregate for measurement year 2020 was 23.1 percent.

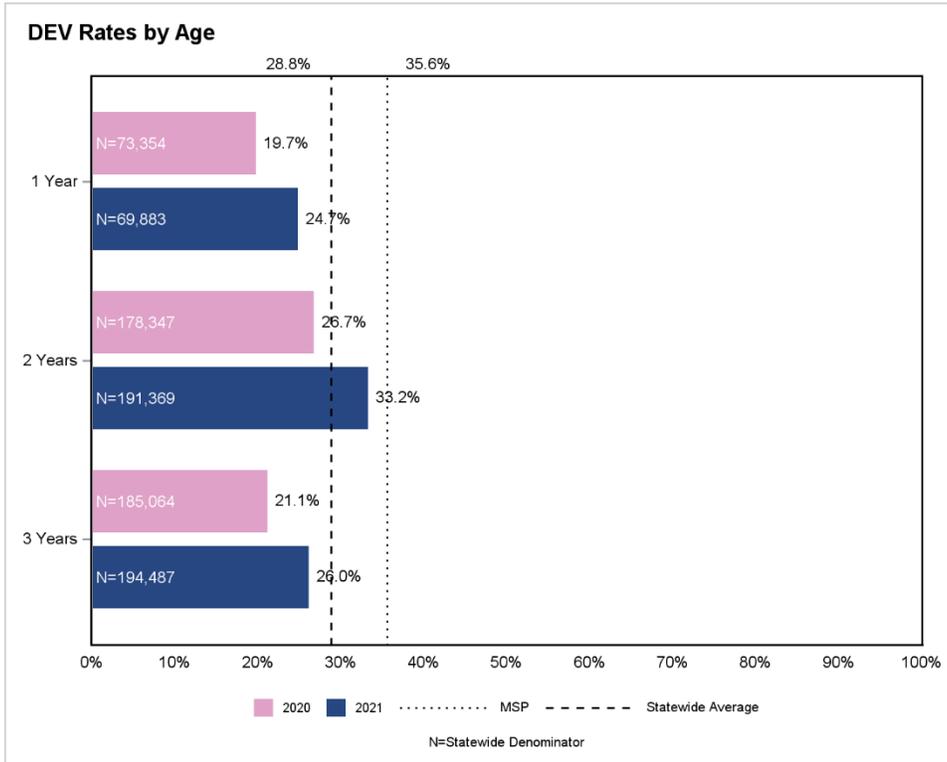


Figure C.19—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 19.7 percent (N=208) and 19.9 percent (N=297), respectively

The median state performance rate represents the 50th percentile.

The median state performance rate for measurement year 2020 was 35.6 percent.

The statewide aggregate for measurement year 2020 was 23.1 percent.

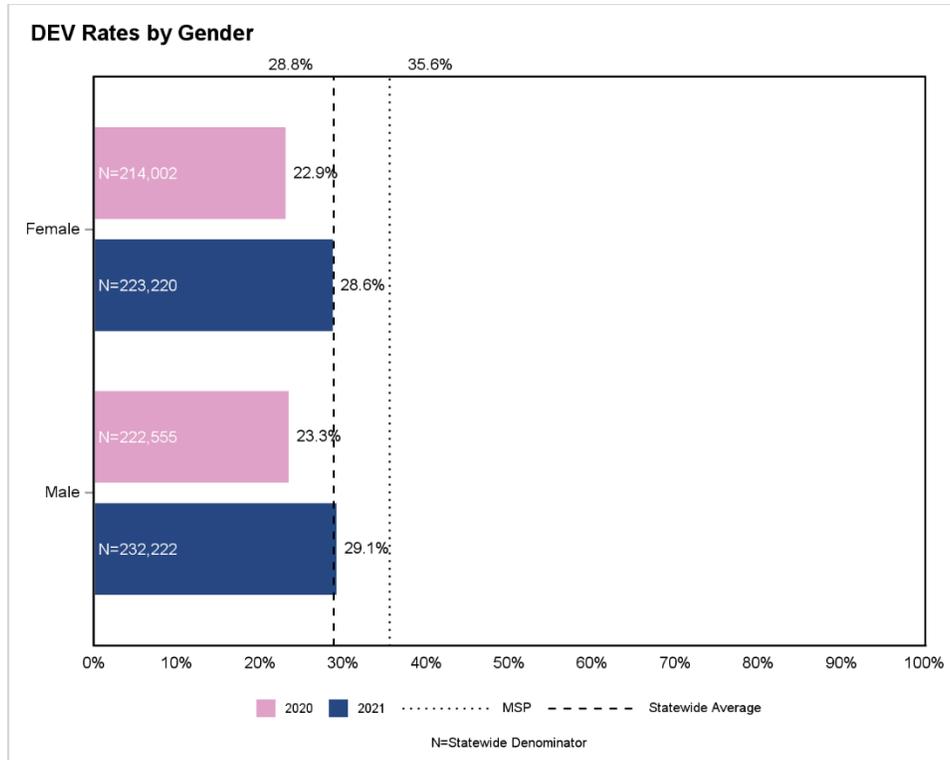
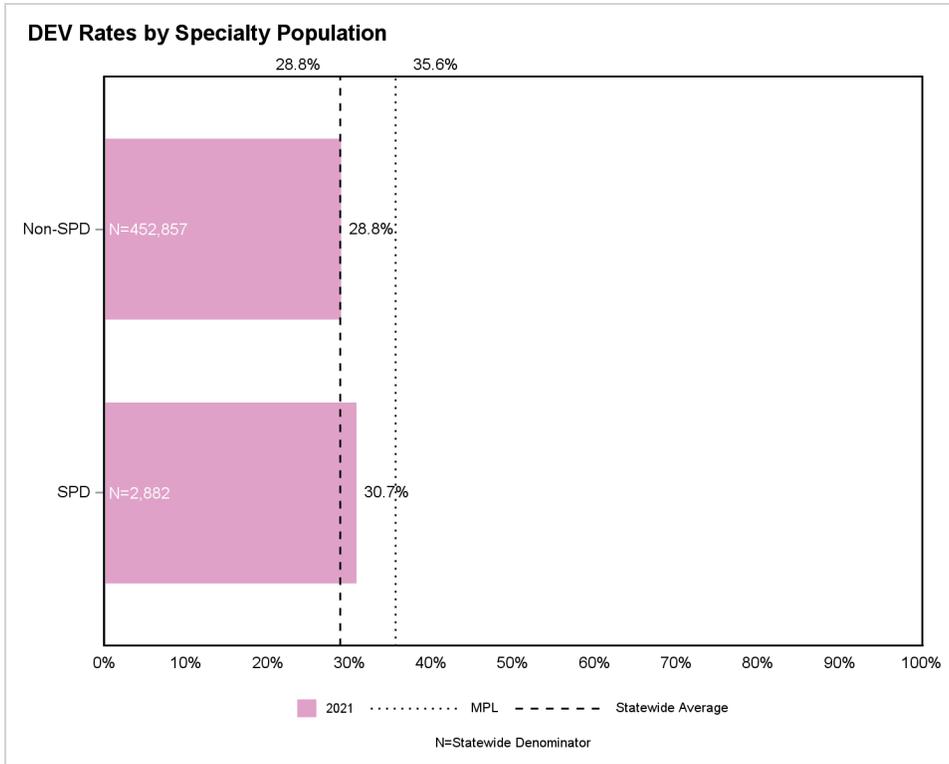


Figure C.20—Developmental Screening in the First Three Years of Life—Total (DEV) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile.



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 C.21—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 29.5 percent (N=485) and 29.3 percent (N=485), respectively

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 36.9 percent and 50.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 41.1 percent.

IMA-2 Rates by Race/Ethnicity

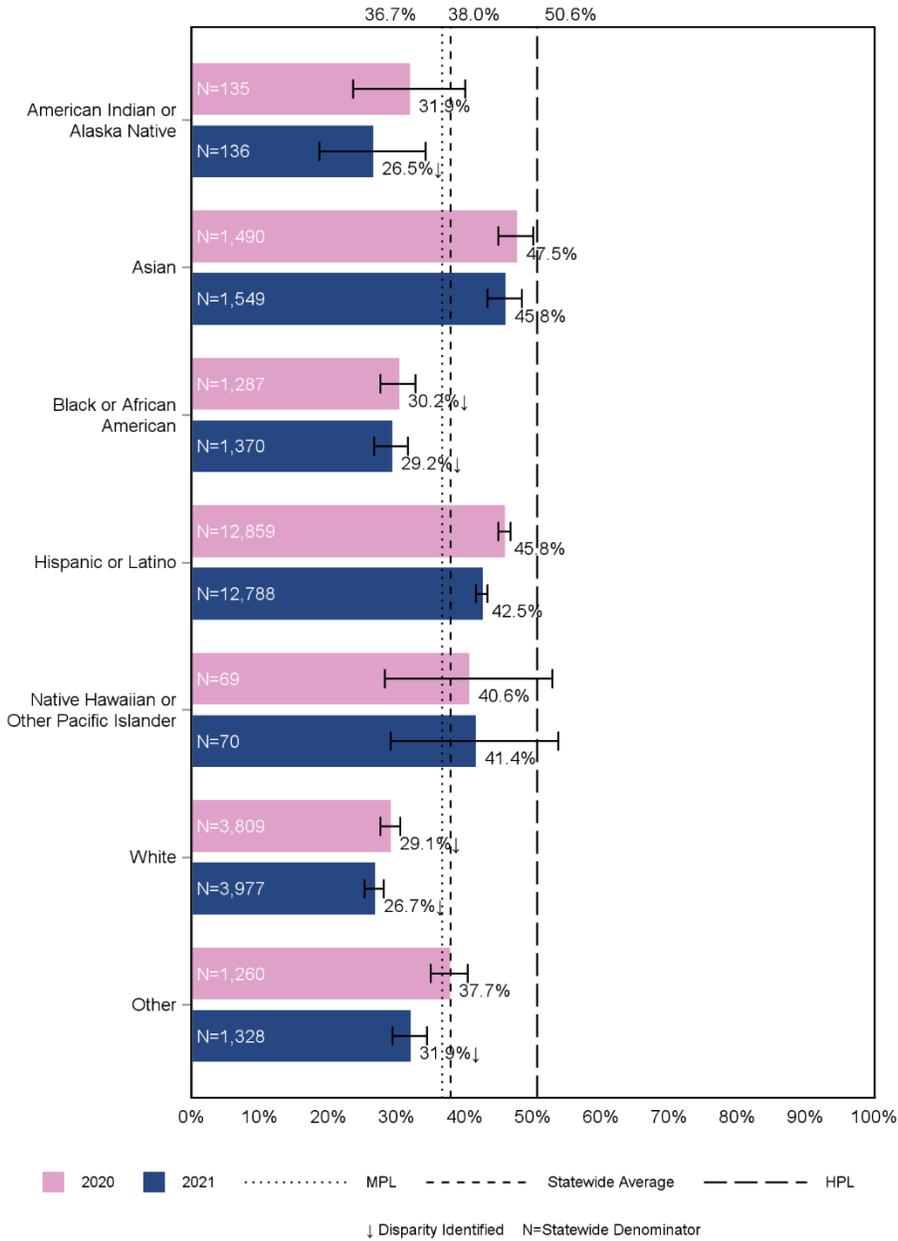


Figure C.22—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 36.9 percent and 50.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 41.1 percent.

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).

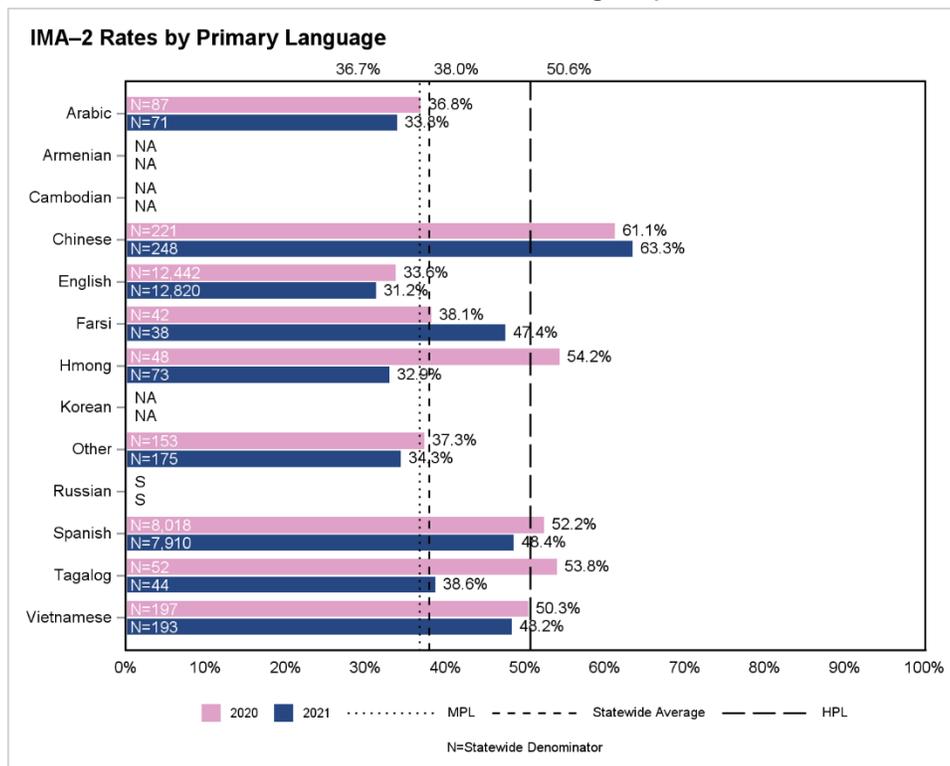


Figure C.23—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 36.9 percent and 50.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 41.1 percent.

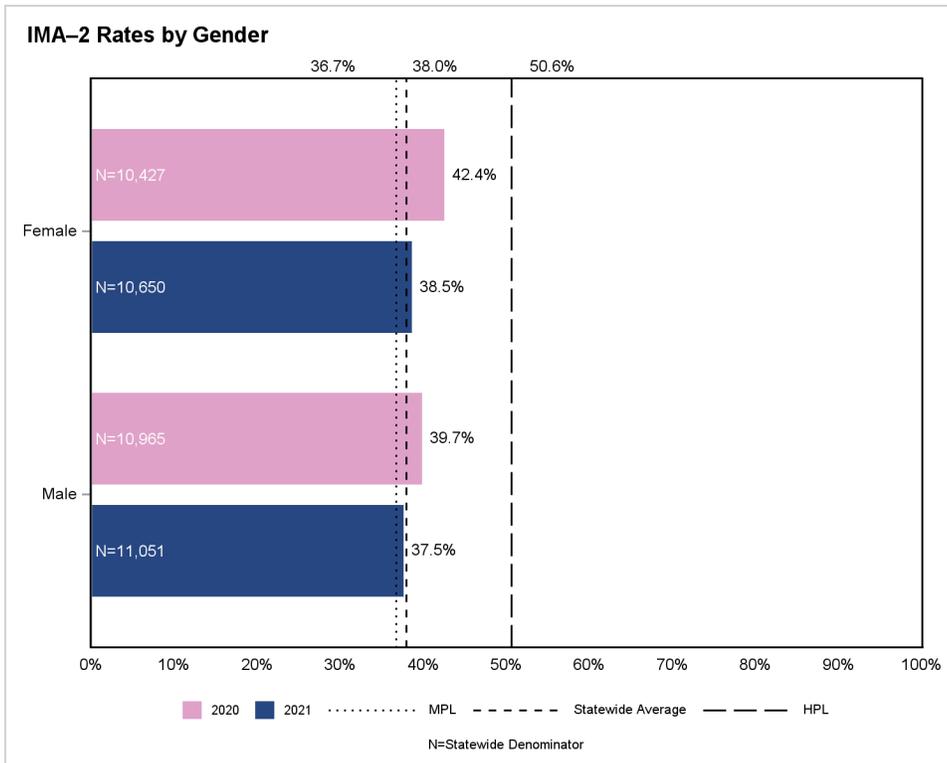
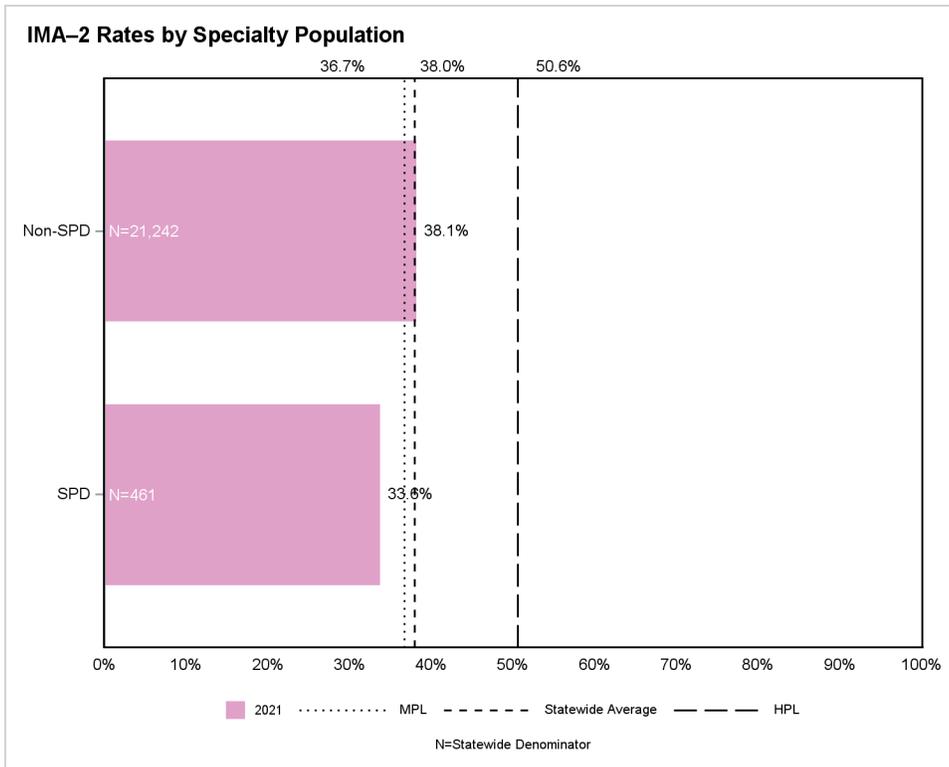


Figure C.24—Immunizations for Adolescents—Combination 2 (IMA–2) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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/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 PCP or OB/GYN and who had evidence that their BMI percentile was documented.

Figure C.25—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 81.6 percent (N=1,059) and 82.2 percent (N=1,107), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 80.5 percent and 90.8 percent, respectively.

The statewide aggregate for measurement year 2020 was 79.1 percent.

WCC-BMI Rates by Race/Ethnicity

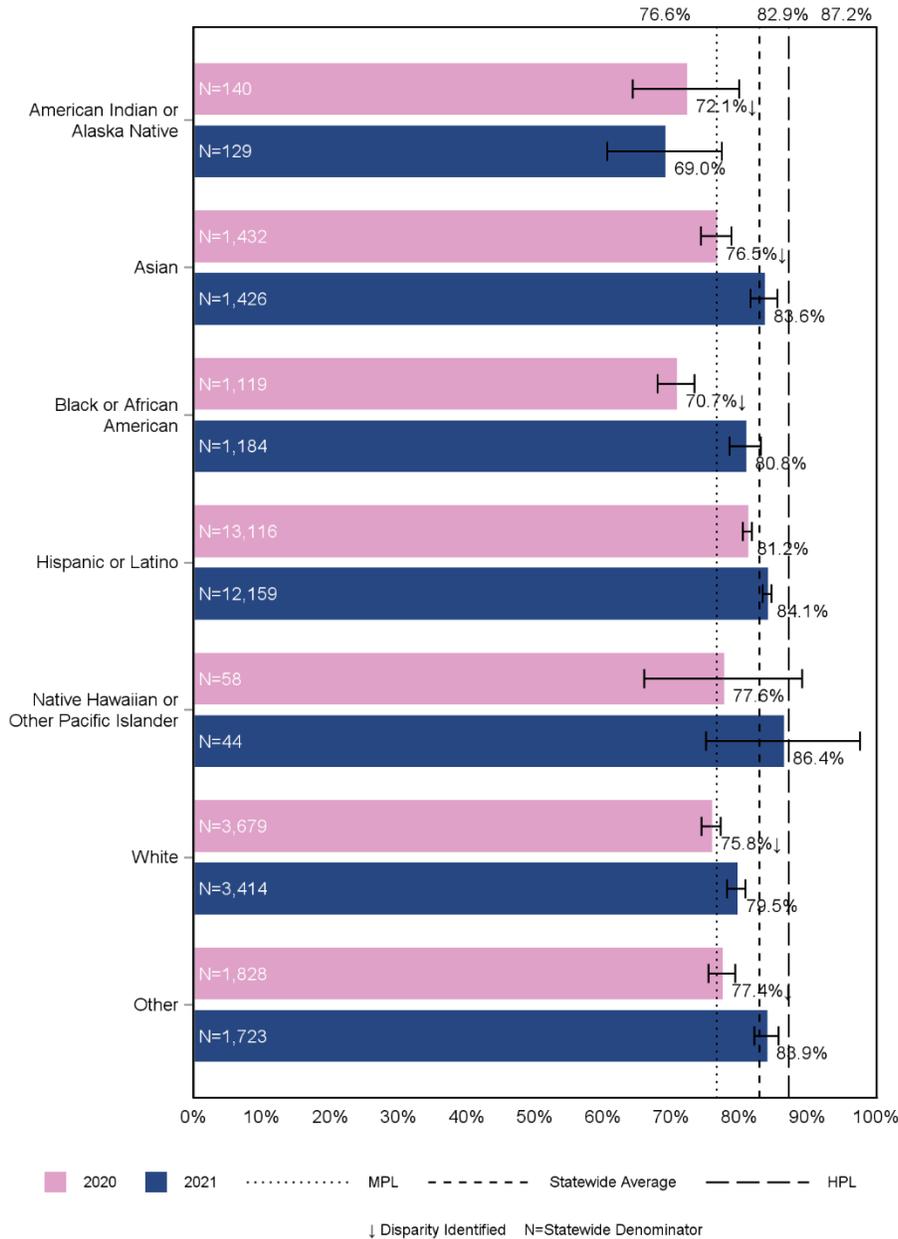


Figure C.26—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 80.5 percent and 90.8 percent, respectively.

The statewide aggregate for measurement year 2020 was 79.1 percent.

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

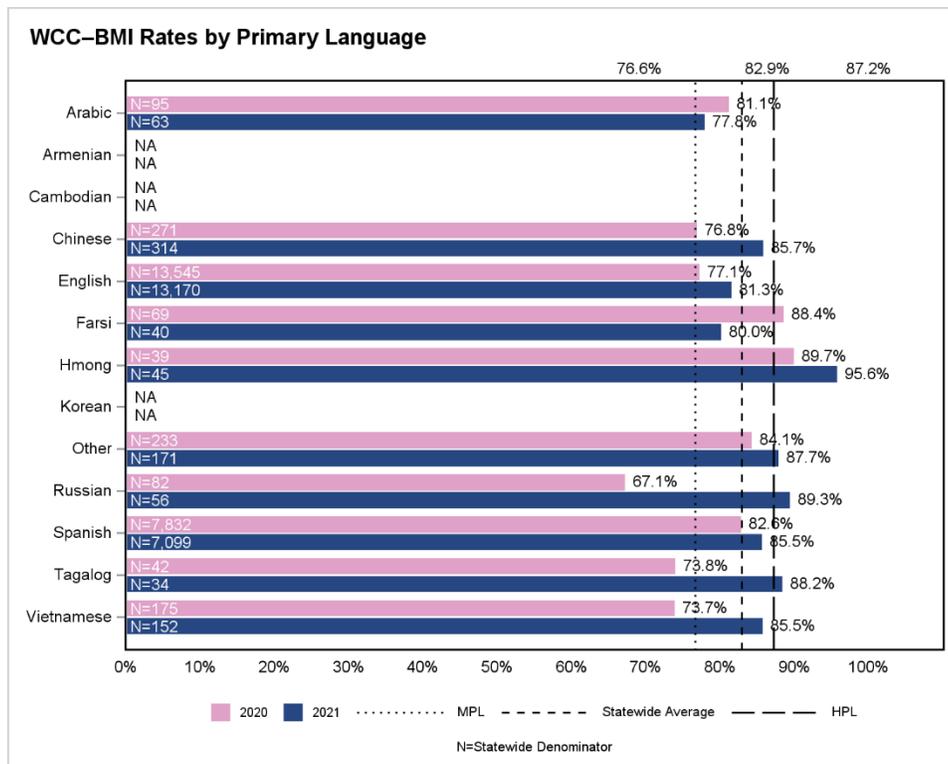


Figure C.27—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 80.5 percent and 90.8 percent, respectively.

The statewide aggregate for measurement year 2020 was 79.1 percent.

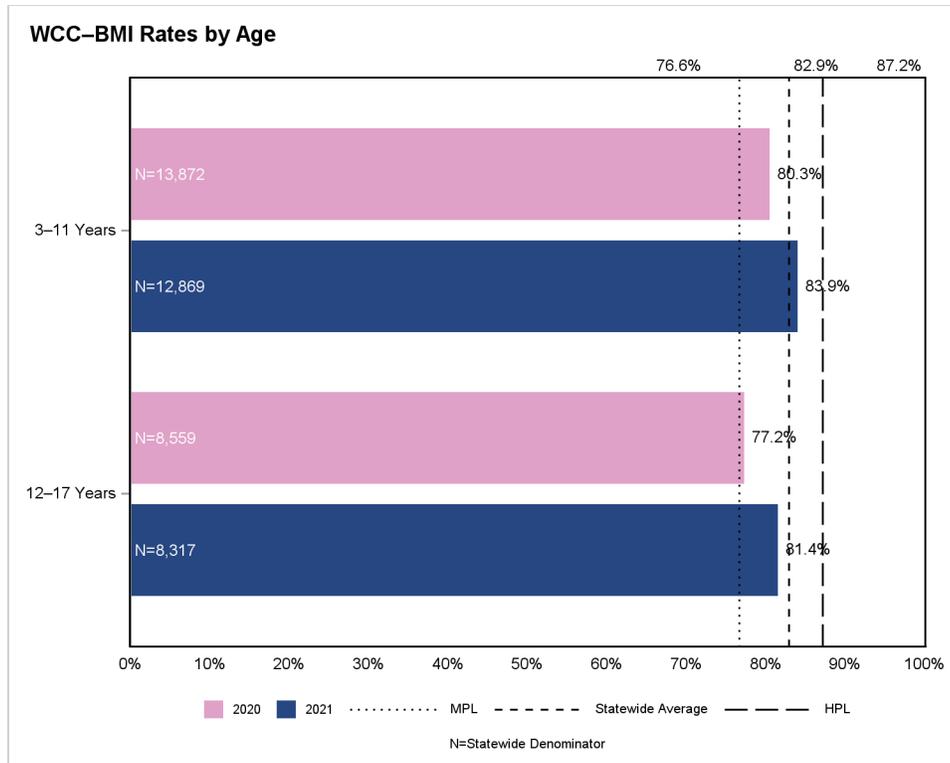


Figure C.28—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 80.5 percent and 90.8 percent, respectively.

The statewide aggregate for measurement year 2020 was 79.1 percent.

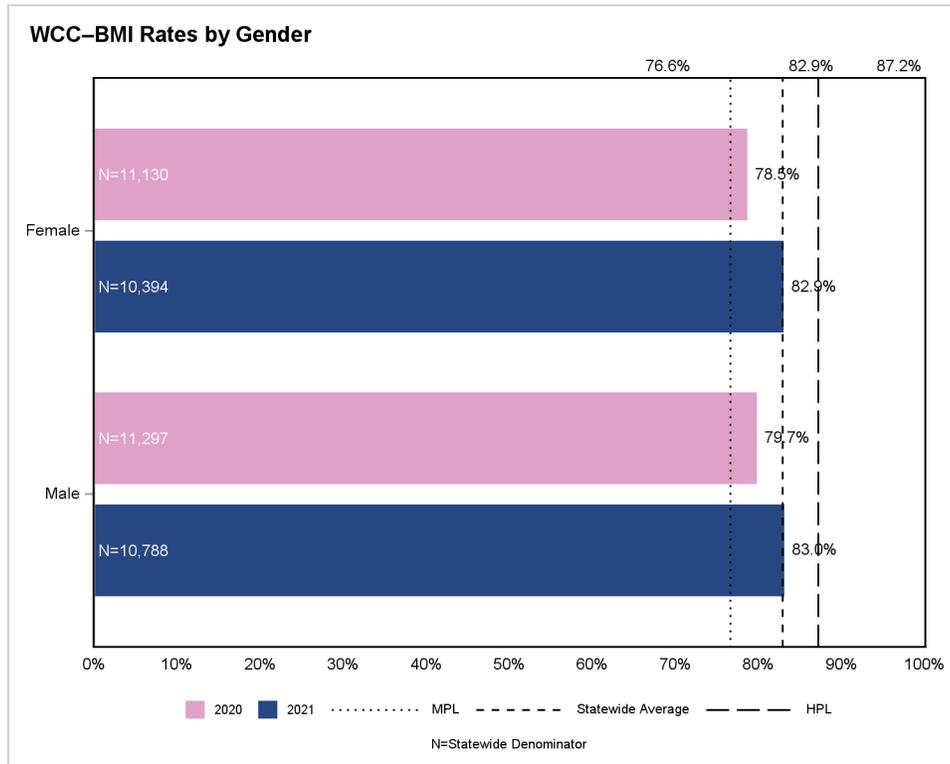
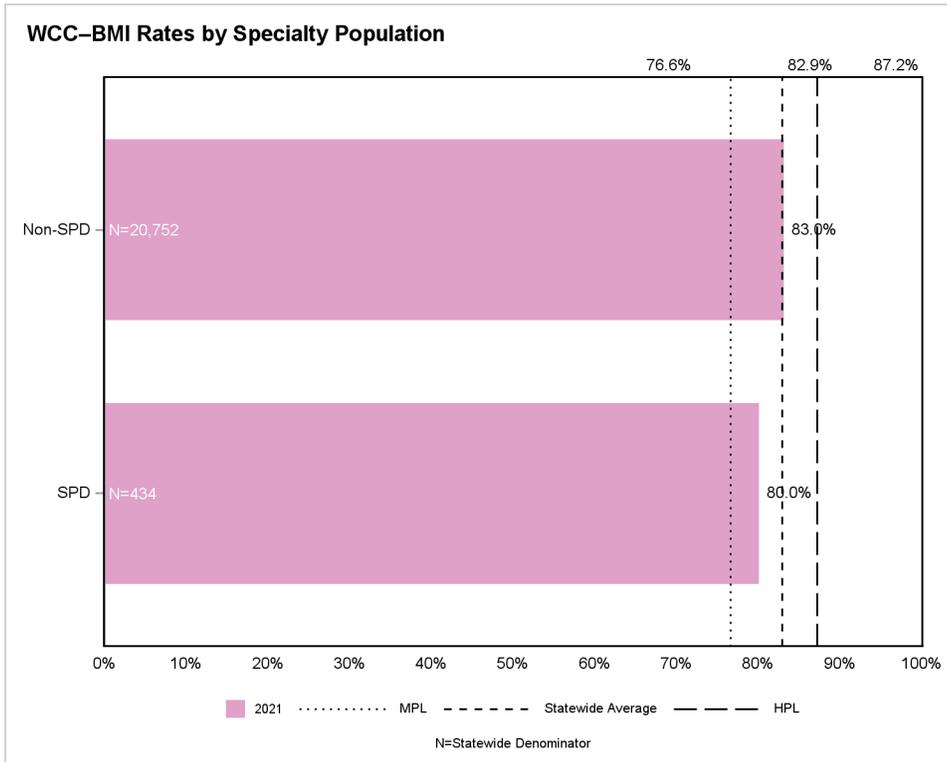


Figure C.29—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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/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 C.30—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 70.6 percent (N=1,059) and 74.3 percent (N=1,107), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 71.6 percent and 85.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 71.3 percent.

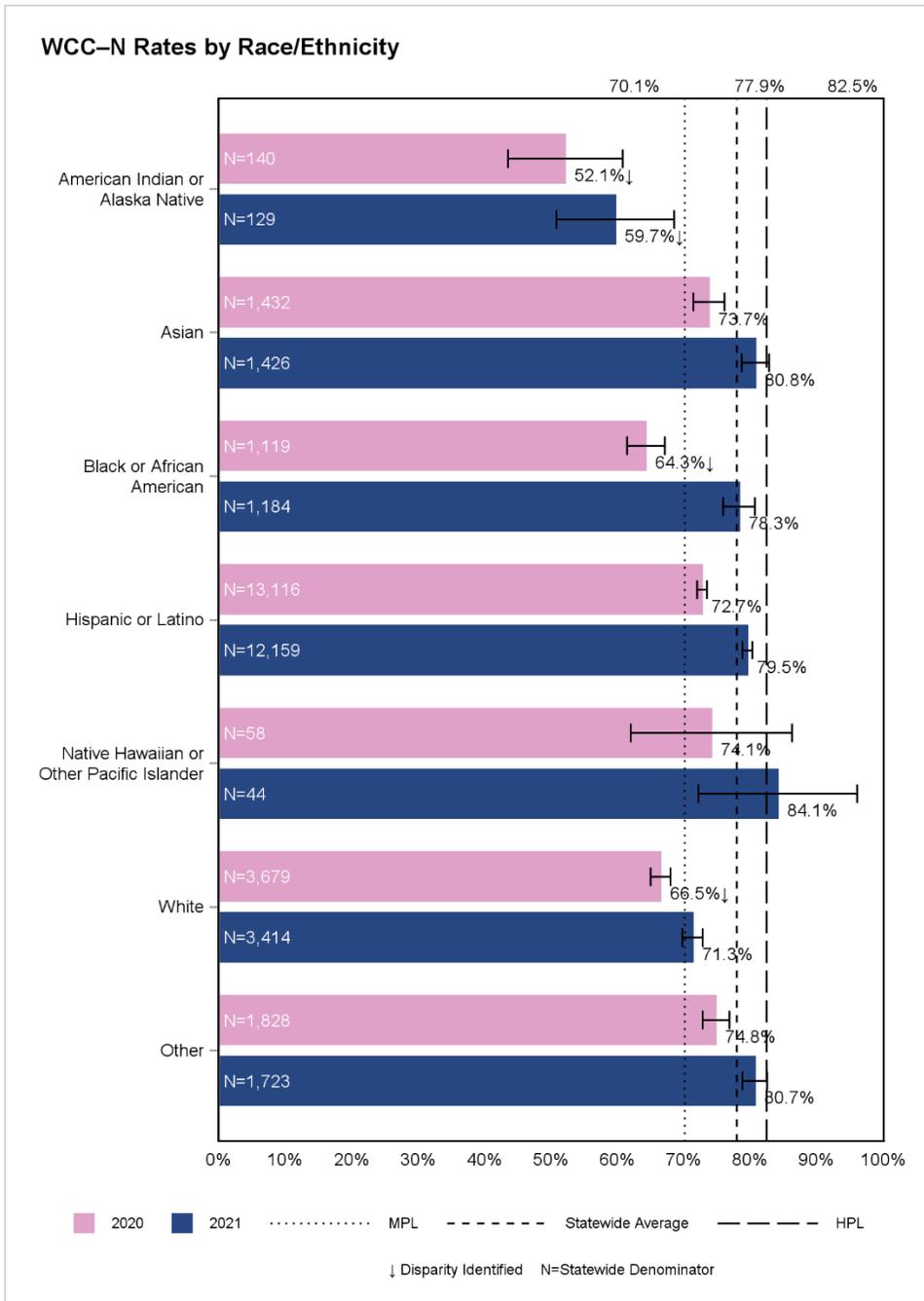


Figure C.31—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 71.6 percent and 85.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 71.3 percent.

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

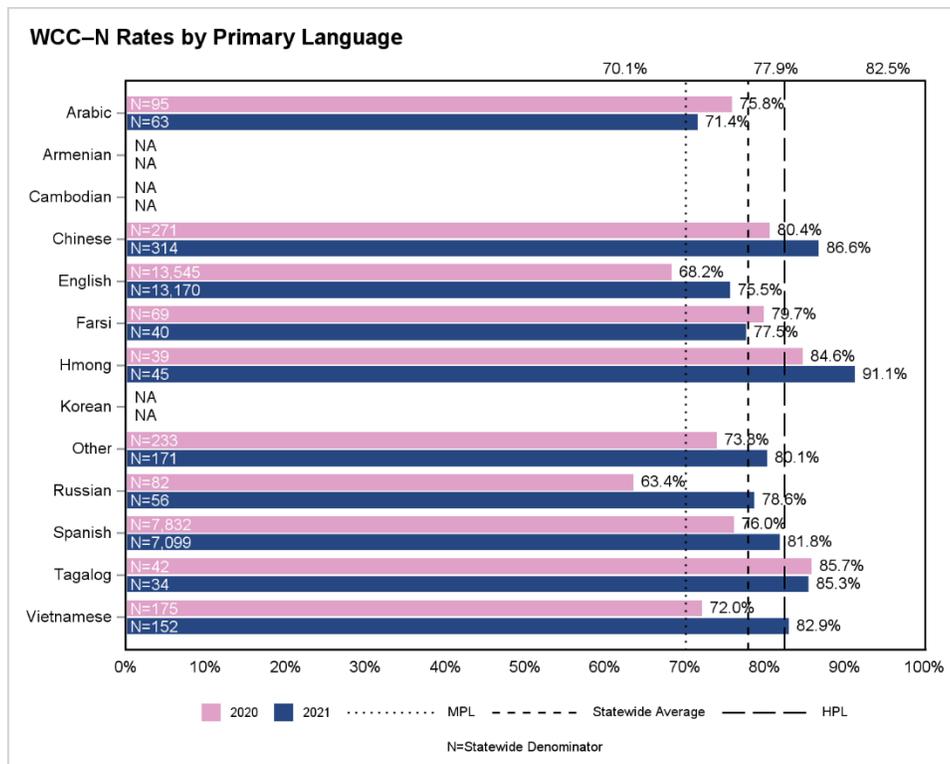


Figure C.32—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 71.6 percent and 85.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 71.3 percent.

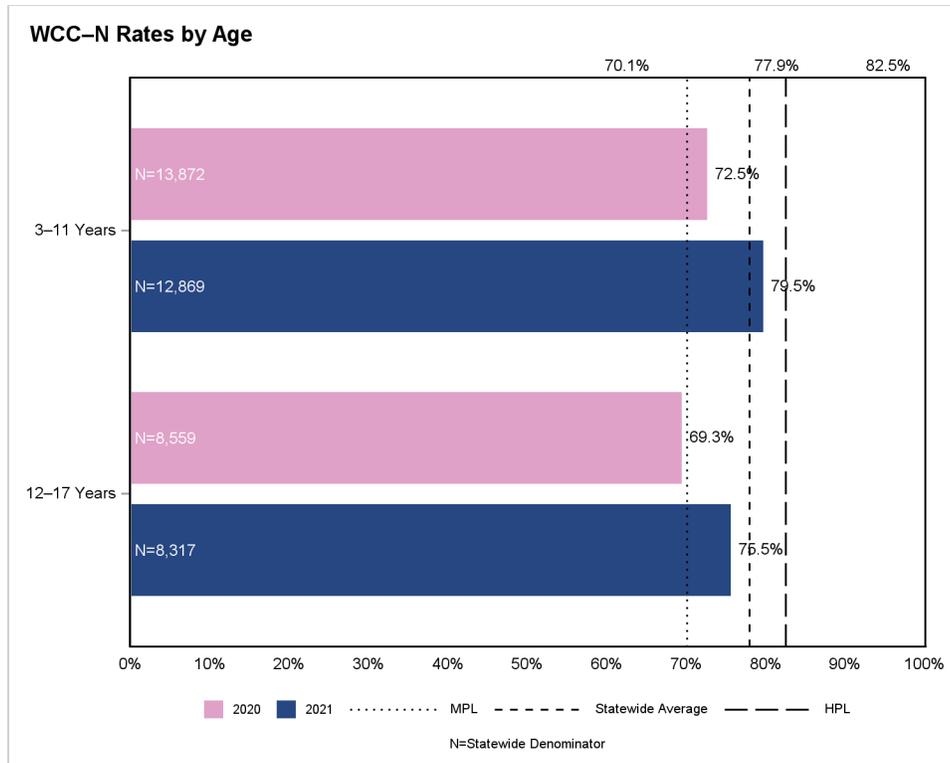


Figure C.33—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 71.6 percent and 85.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 71.3 percent.

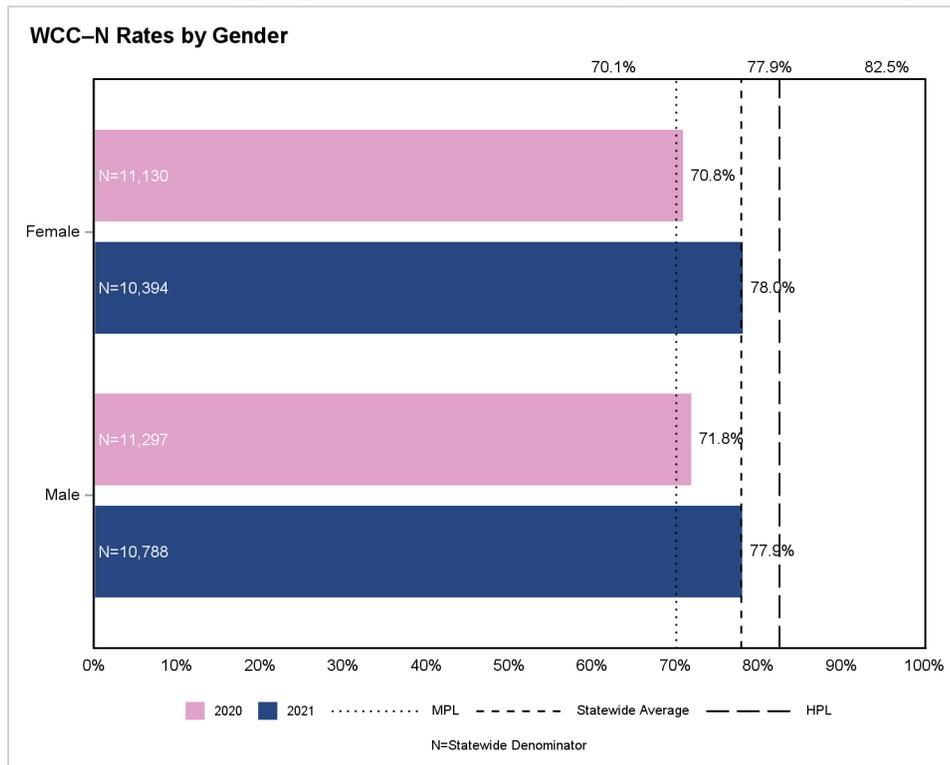
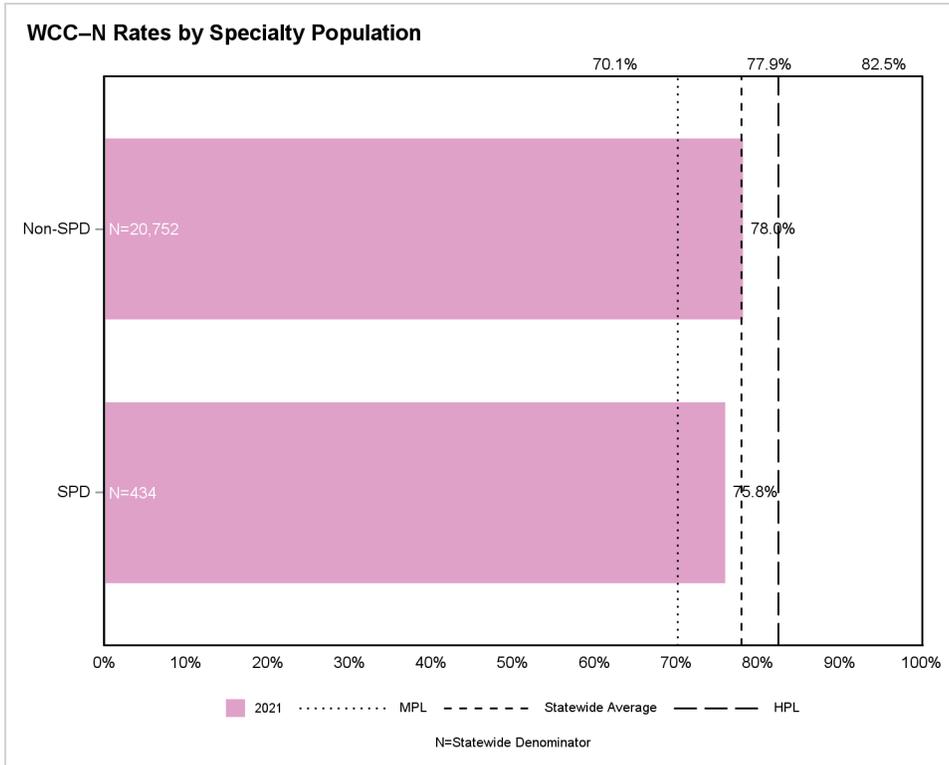


Figure C.34—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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/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 C.35—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 measurement year 2020 and 2021 rates for the Unknown/Missing group were 66.8 percent (N=1,059) and 71.0 percent (N=1,107), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 66.8 percent and 81.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 68.7 percent.

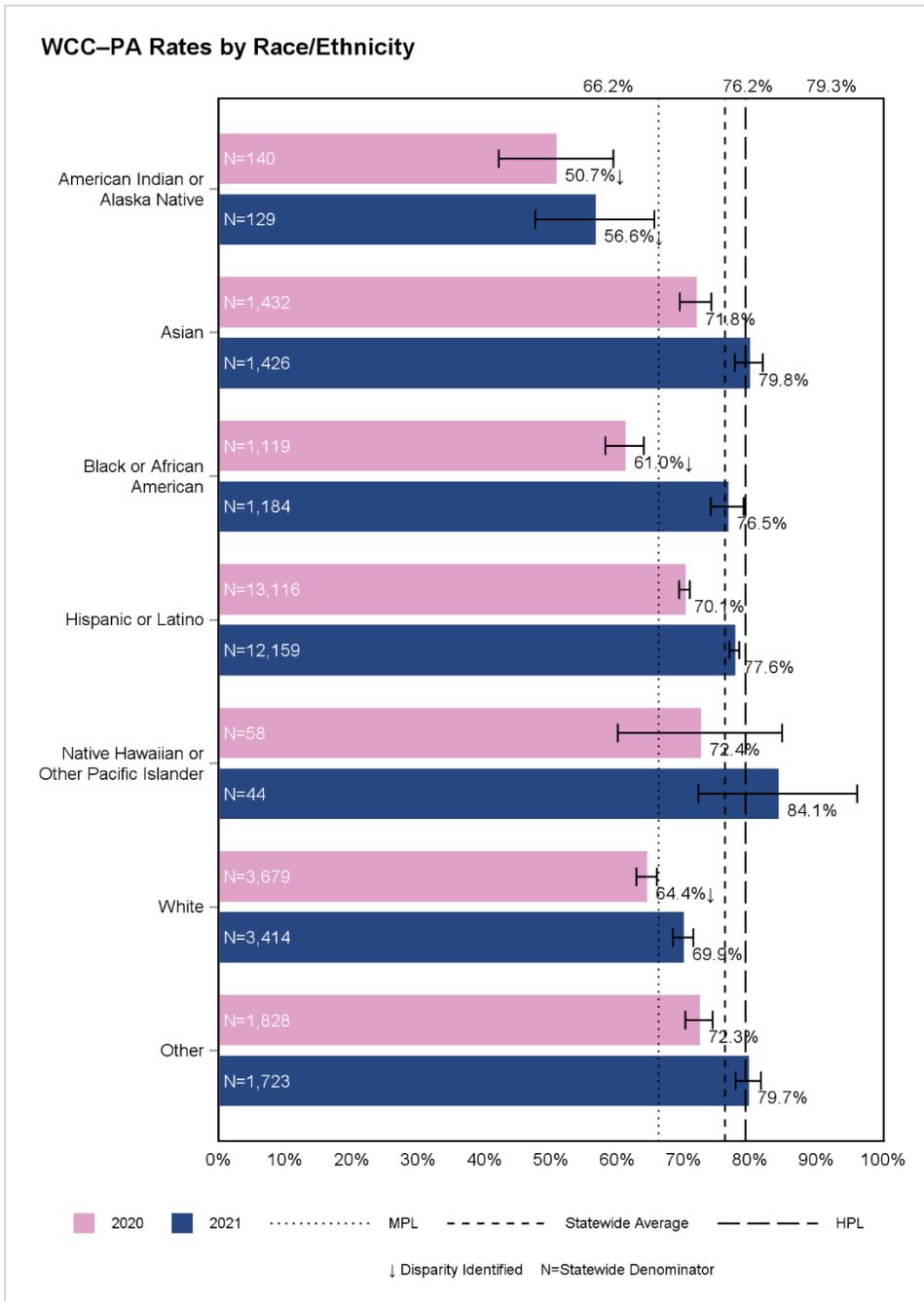


Figure C.36—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC-PA) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 66.8 percent and 81.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 68.7 percent.

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

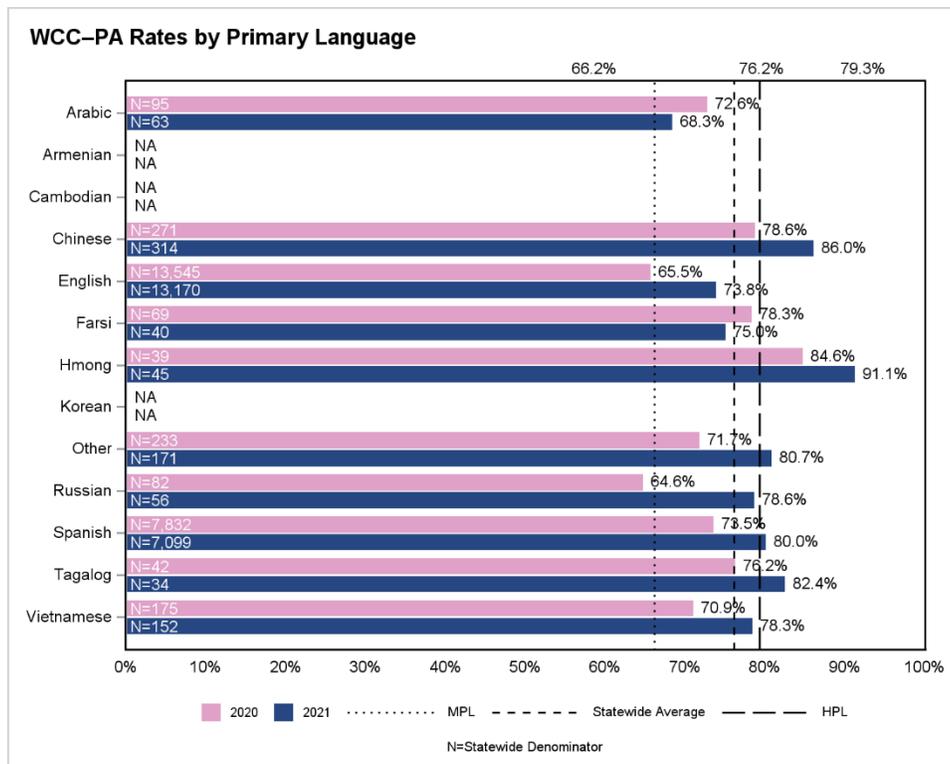


Figure C.37—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 66.8 percent and 81.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 68.7 percent.

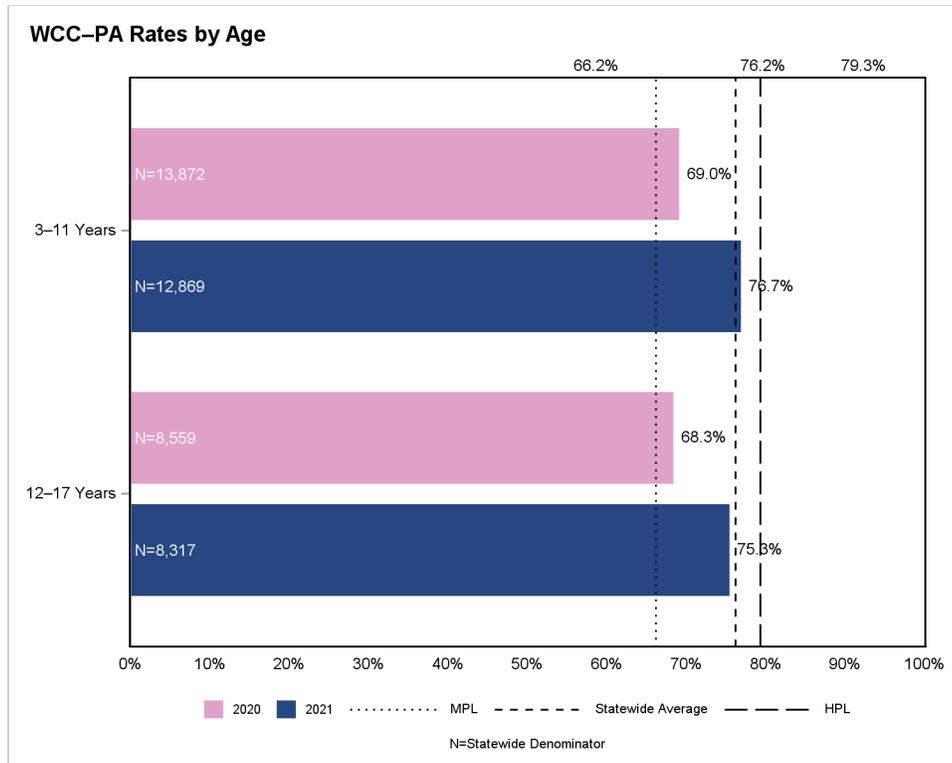


Figure C.38—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 66.8 percent and 81.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 68.7 percent.

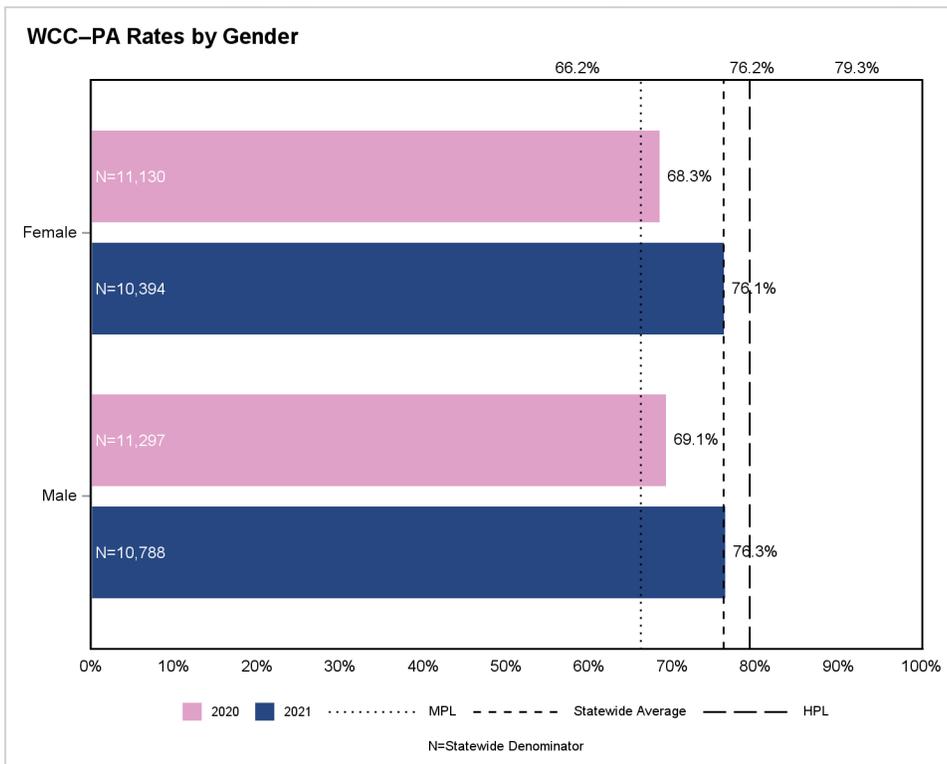


Figure C.39—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC-PA) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.40—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 measurement year 2020 and 2021 rates for the Unknown/Missing group were 34.8 percent (N=14,980) and 36.6 percent (N=15,652), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 37.7 percent.

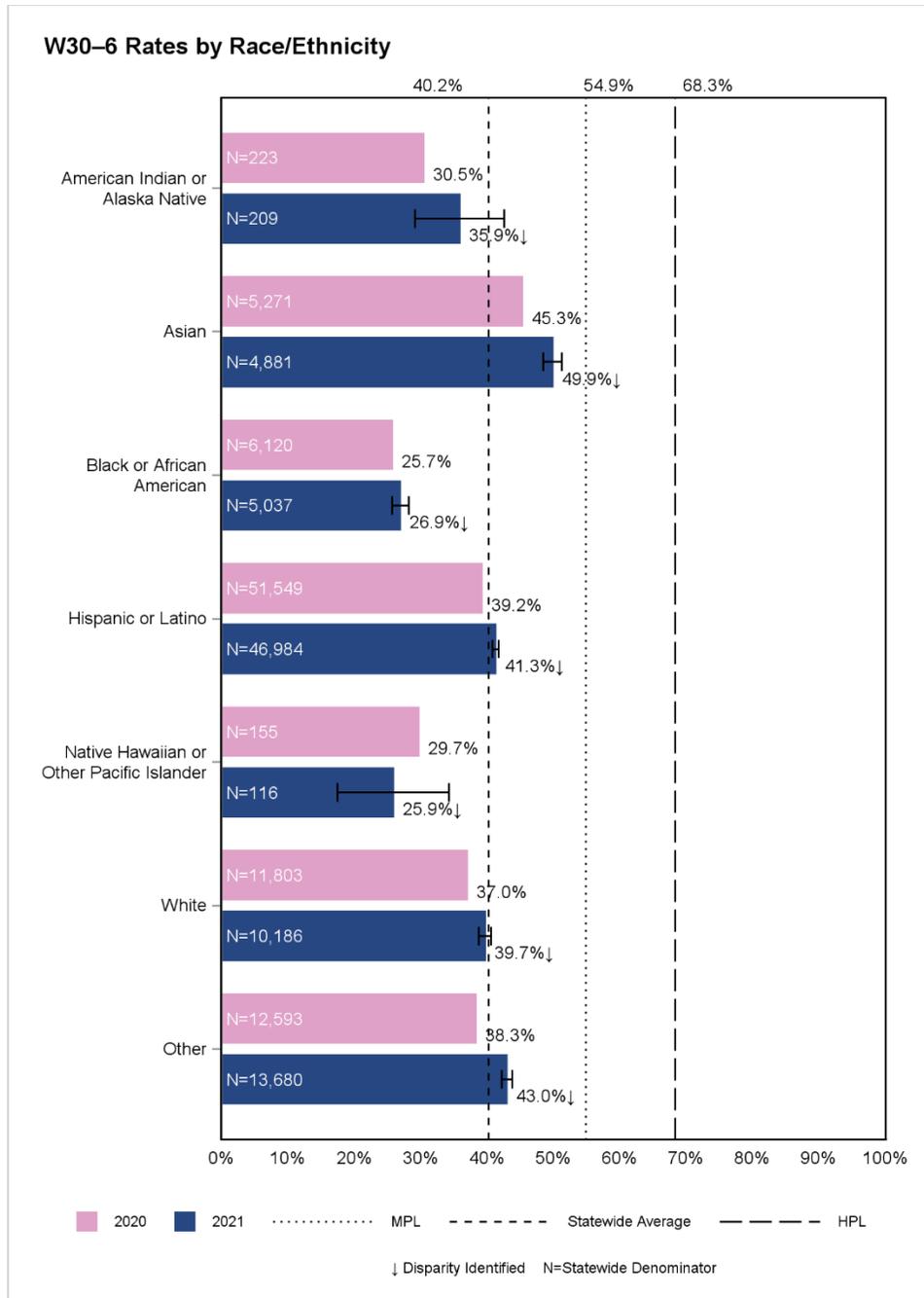


Figure C.41—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 20.9 percent (N=67) and 32.4 percent (N=105), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 37.7 percent.

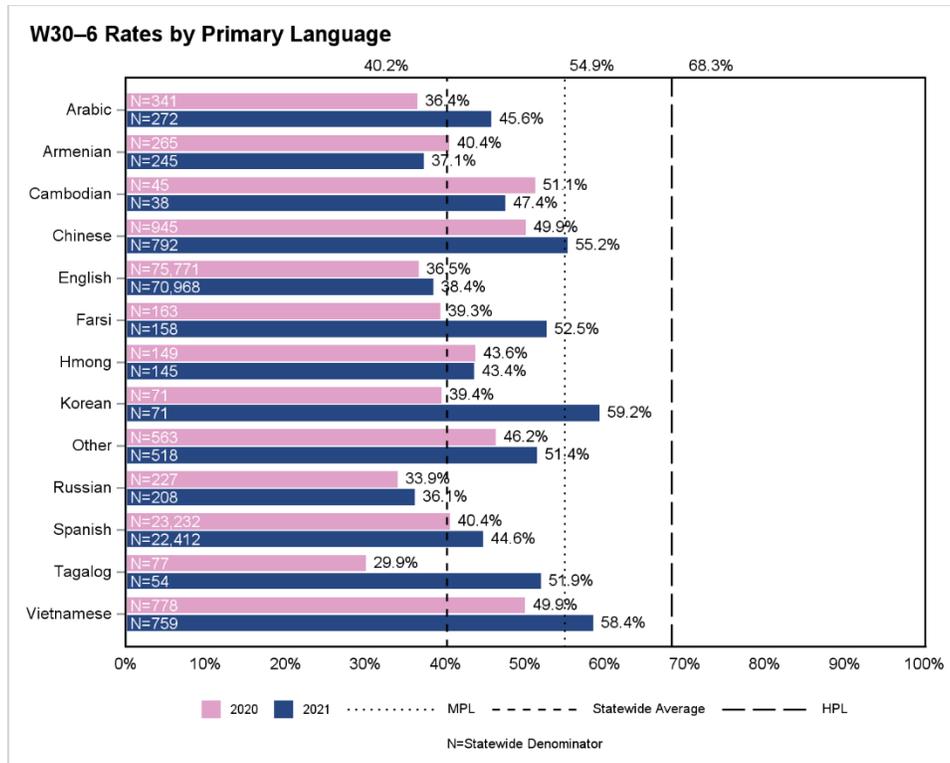


Figure C.42—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 37.7 percent.

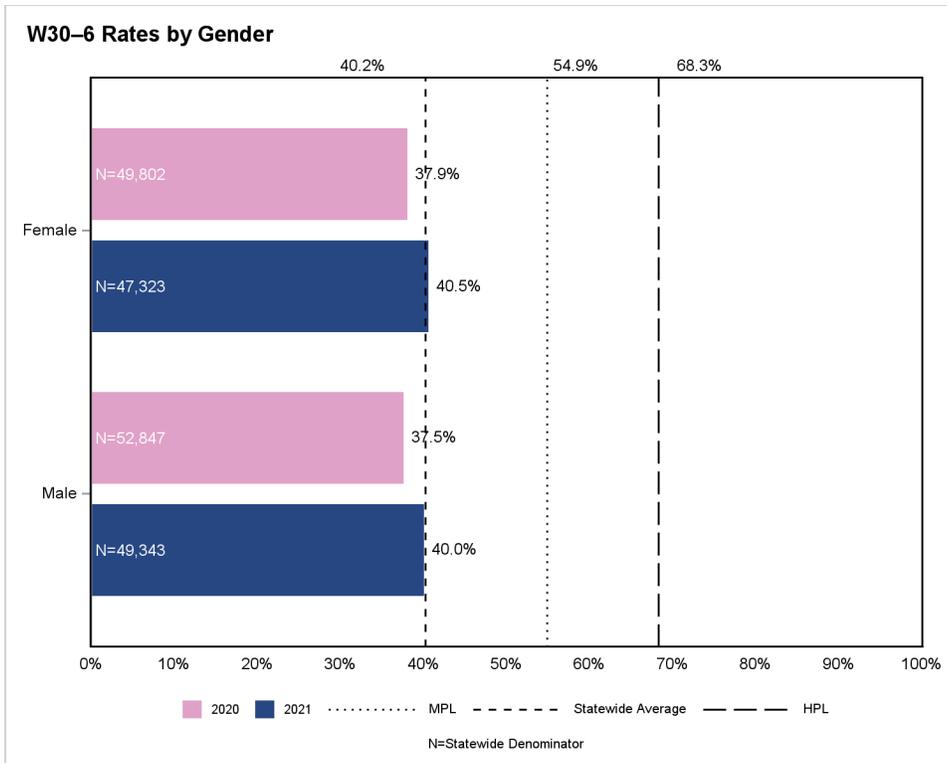
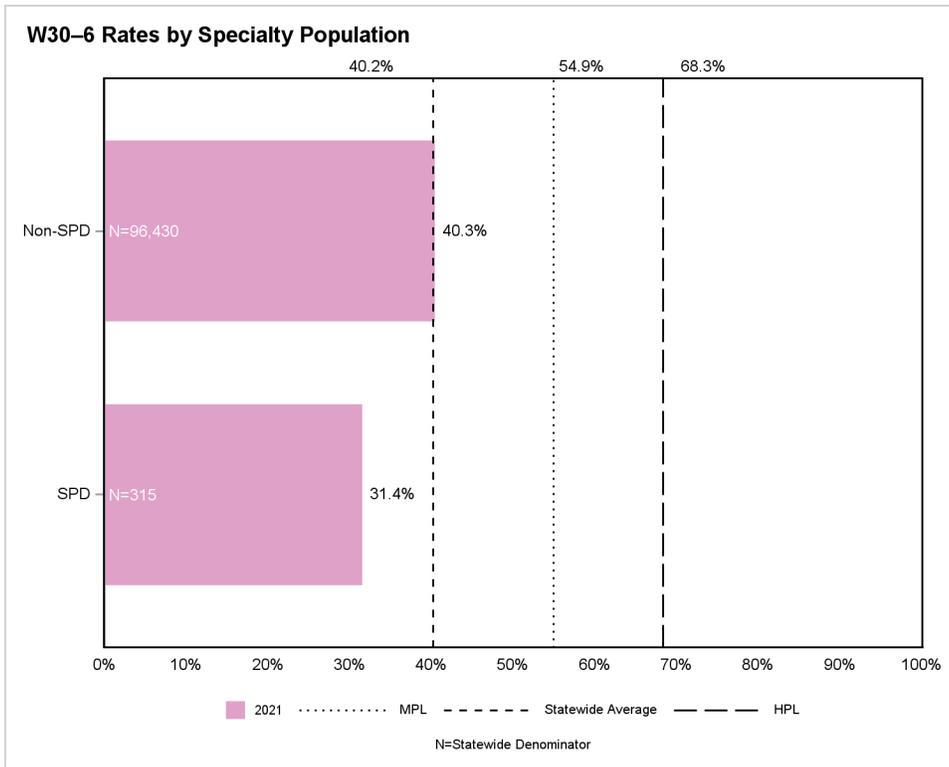


Figure C.43—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.44—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 measurement year 2020 and 2021 rates for the Unknown/Missing group were 61.9 percent (N=20,139) and 55.0 percent (N=24,062), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 66.4 percent.

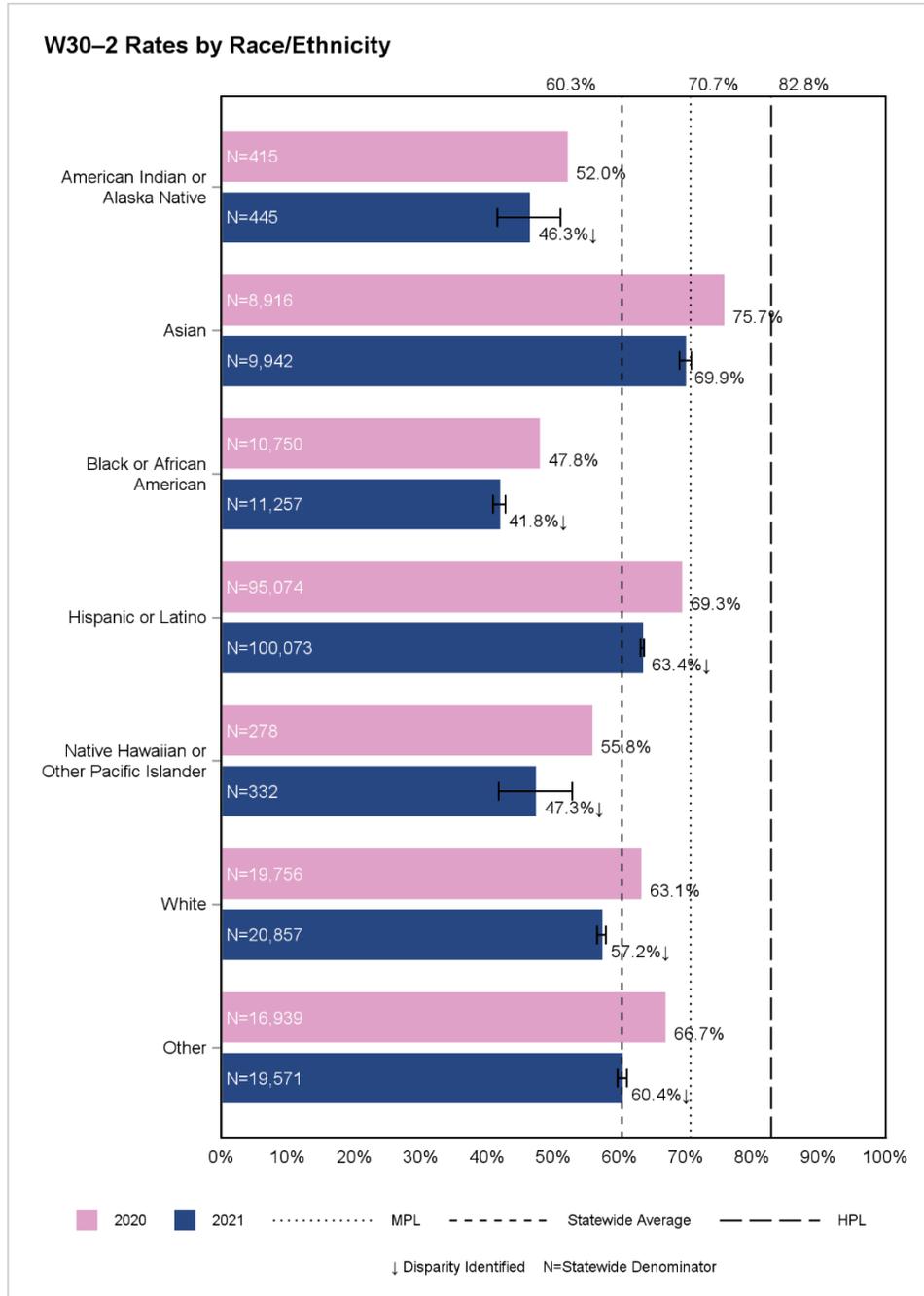


Figure C.45—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 37.3 percent (N=142) and 42.7 percent (N=178), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 66.4 percent.

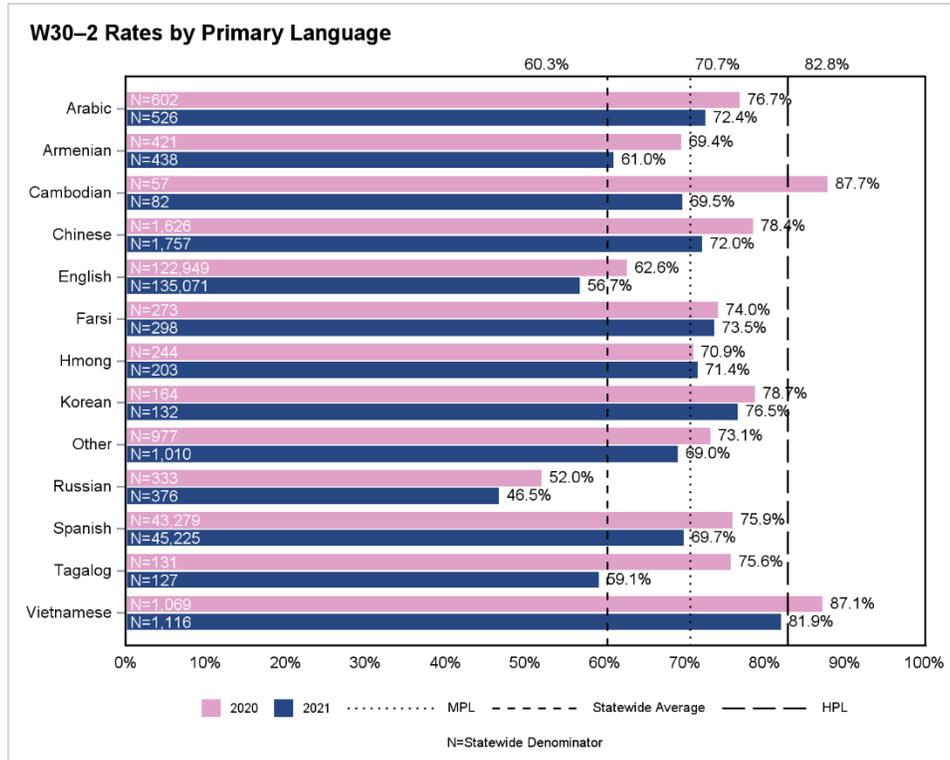


Figure C.46—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 45.6 percent (N=68) and 45.5 percent (N=99), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 66.4 percent.

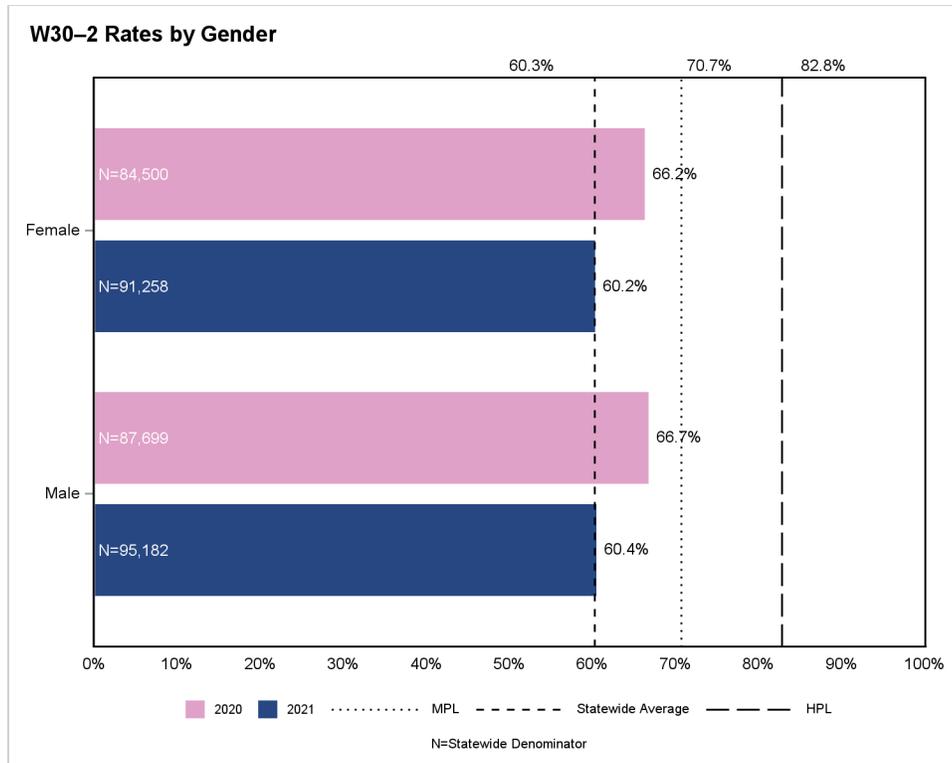
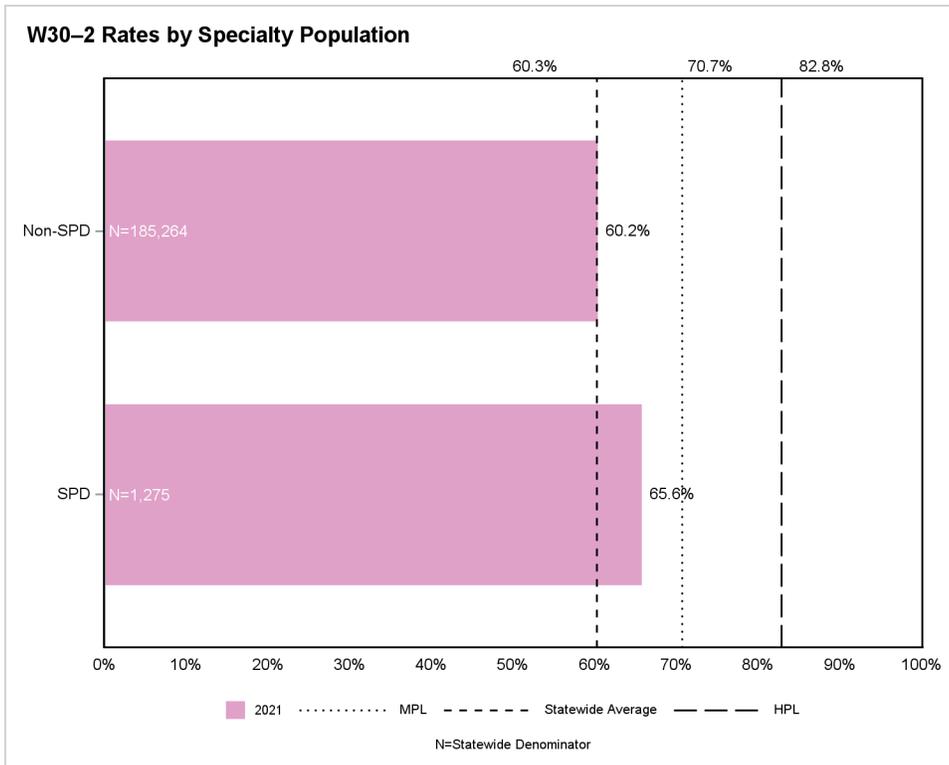


Figure C.47—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Women's Health Domain

Figure C.48 through Figure C.102 display the demographic stratification results for the Women's Health domain.

Breast Cancer Screening—Total (BCS)

The *Breast Cancer Screening—Total (BCS)* indicator measures the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.

Figure C.48—Breast Cancer Screening—Total (BCS) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 52.2 percent (N=20,478) and 49.9 percent (N=21,325), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 58.8 percent and 69.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 57.1 percent.

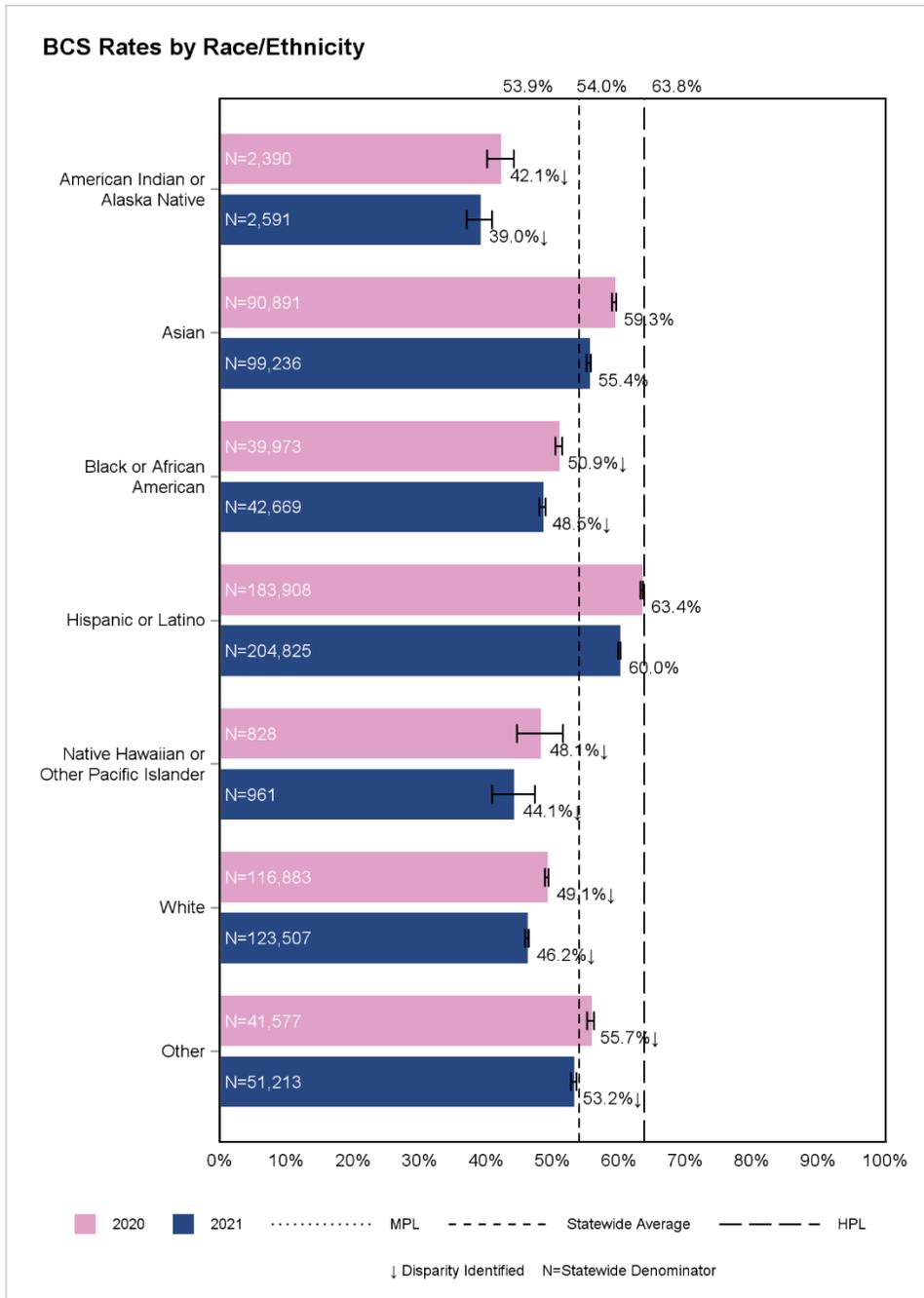


Figure C.49—Breast Cancer Screening—Total (BCS) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 40.8 percent (N=3,189) and 38.0 percent (N=2,608), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 58.8 percent and 69.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 57.1 percent.

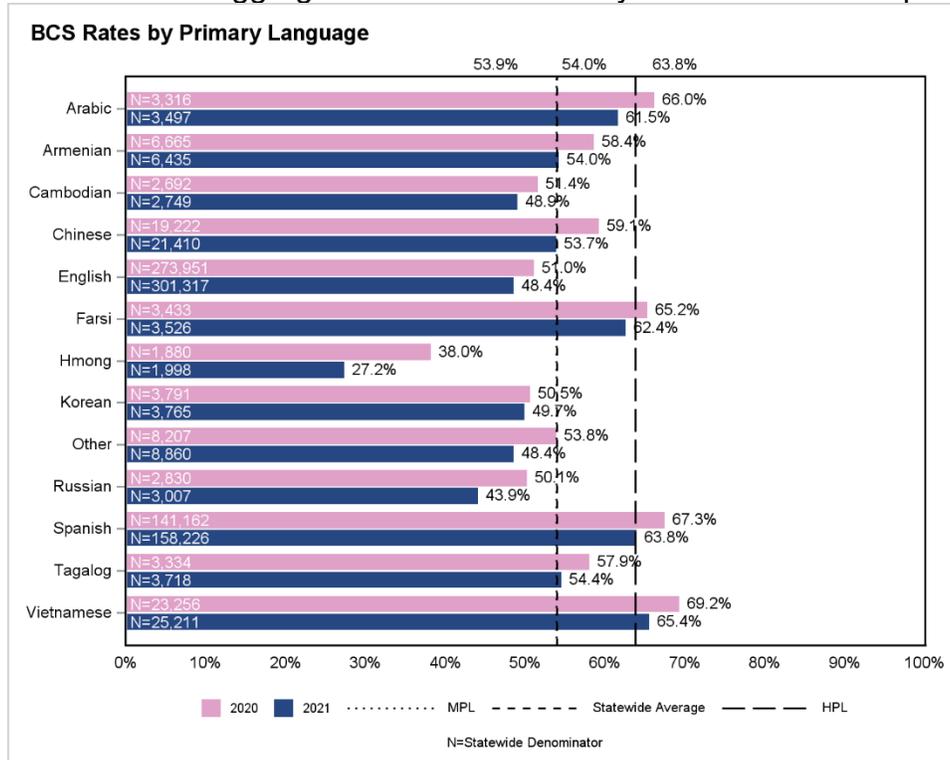


Figure C.50—Breast Cancer Screening—Total (BCS) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 58.8 percent and 69.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 57.1 percent.

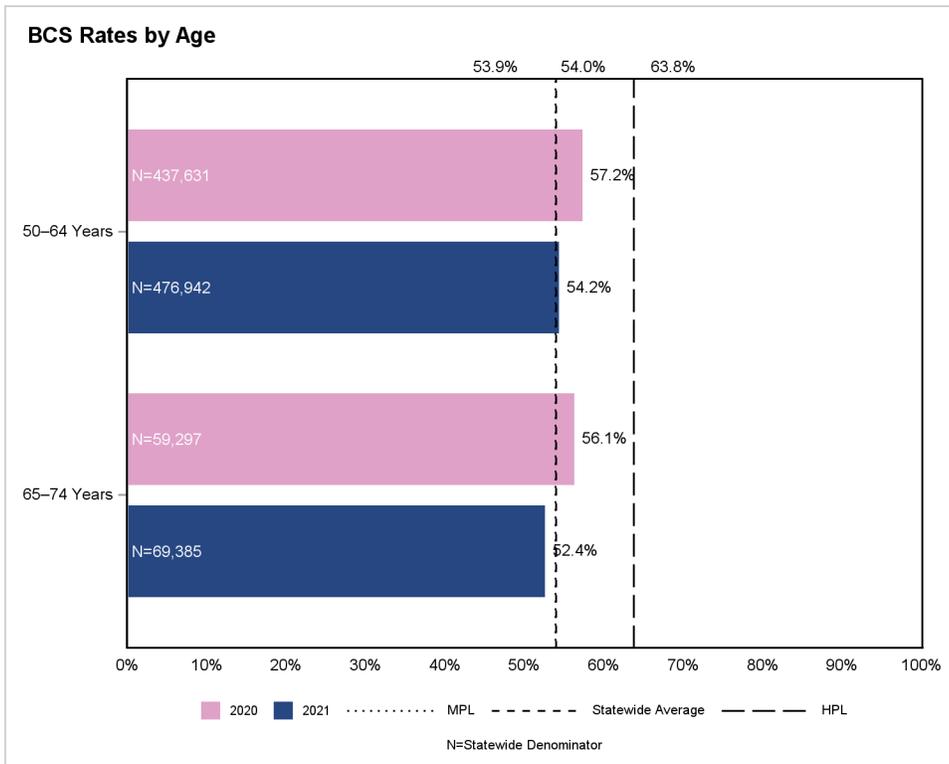
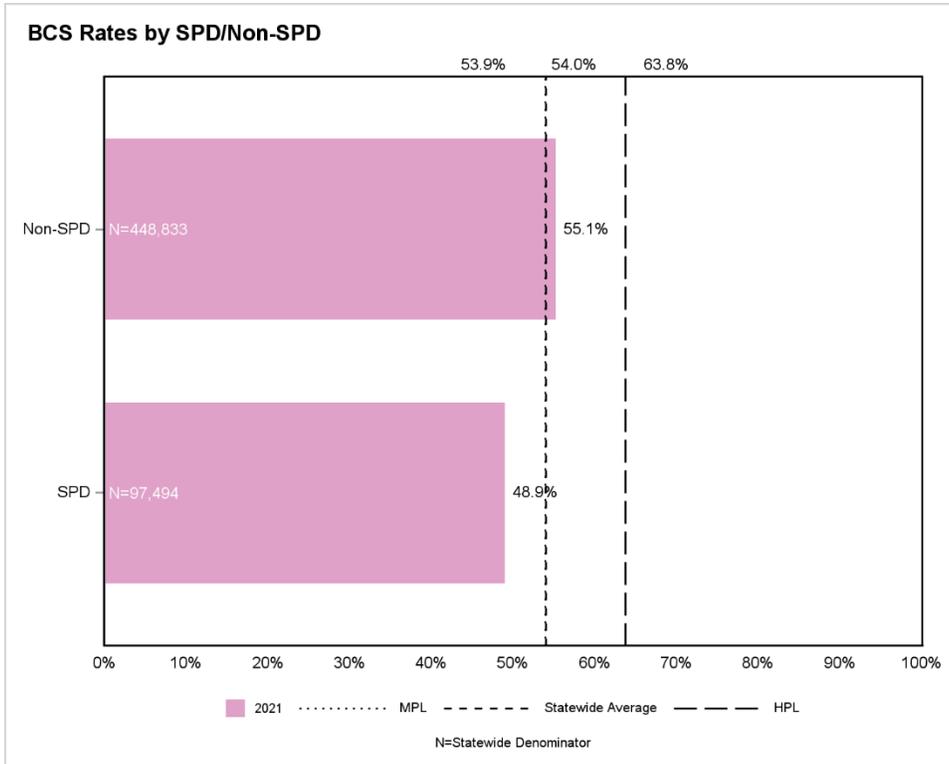


Figure C.51—Breast Cancer Screening—Total (BCS) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.52—Cervical Cancer Screening (CCS) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 55.1 percent (N=668) and 51.3 percent (N=729), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 61.3 percent and 72.7 percent, respectively.

The statewide aggregate for measurement year 2020 was 58.1 percent.

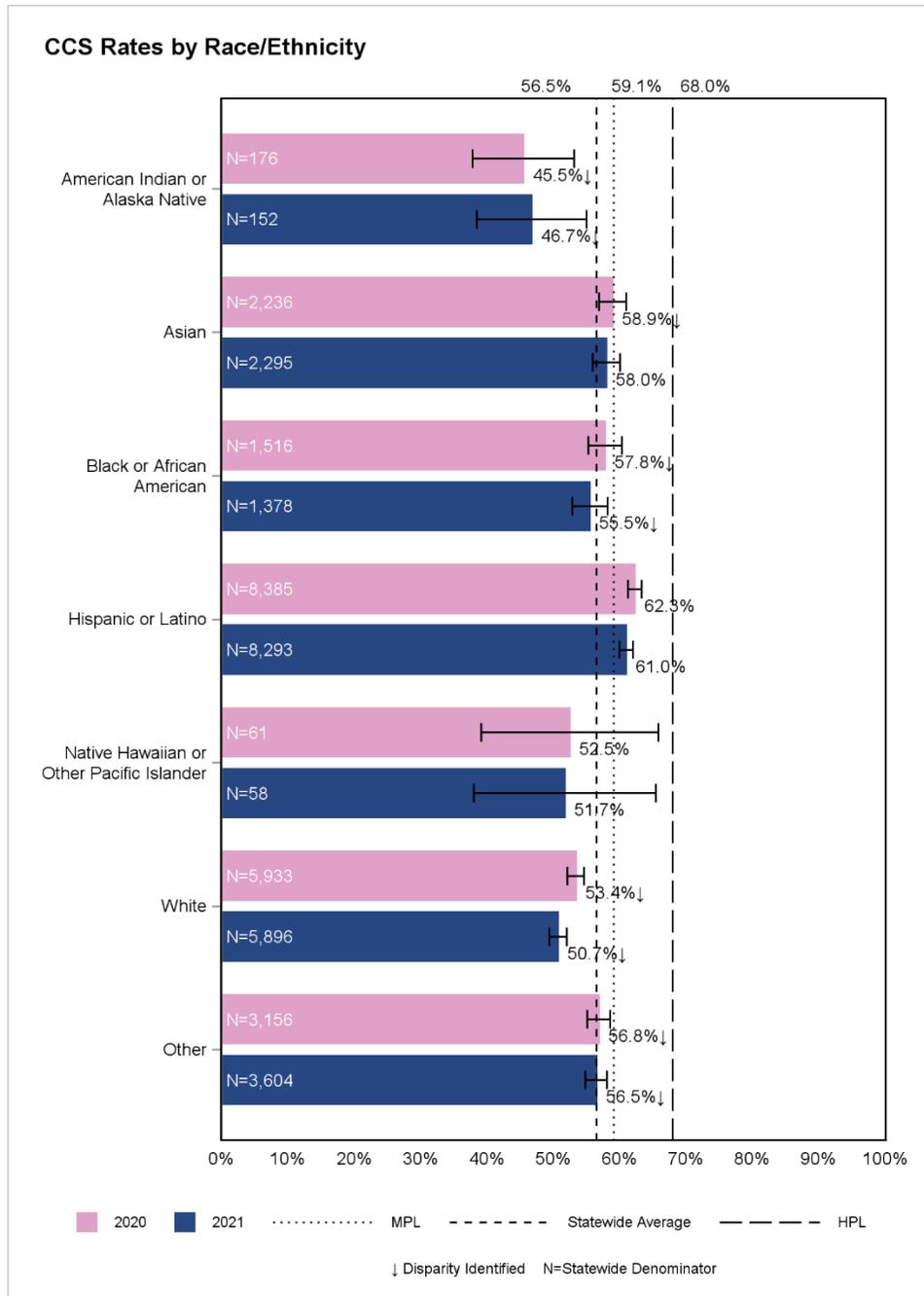


Figure C.53—Cervical Cancer Screening (CCS) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 34.0 percent (N=53) and 32.1 percent (N=56), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 61.3 percent and 72.7 percent, respectively.

The statewide aggregate for measurement year 2020 was 58.1 percent.

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

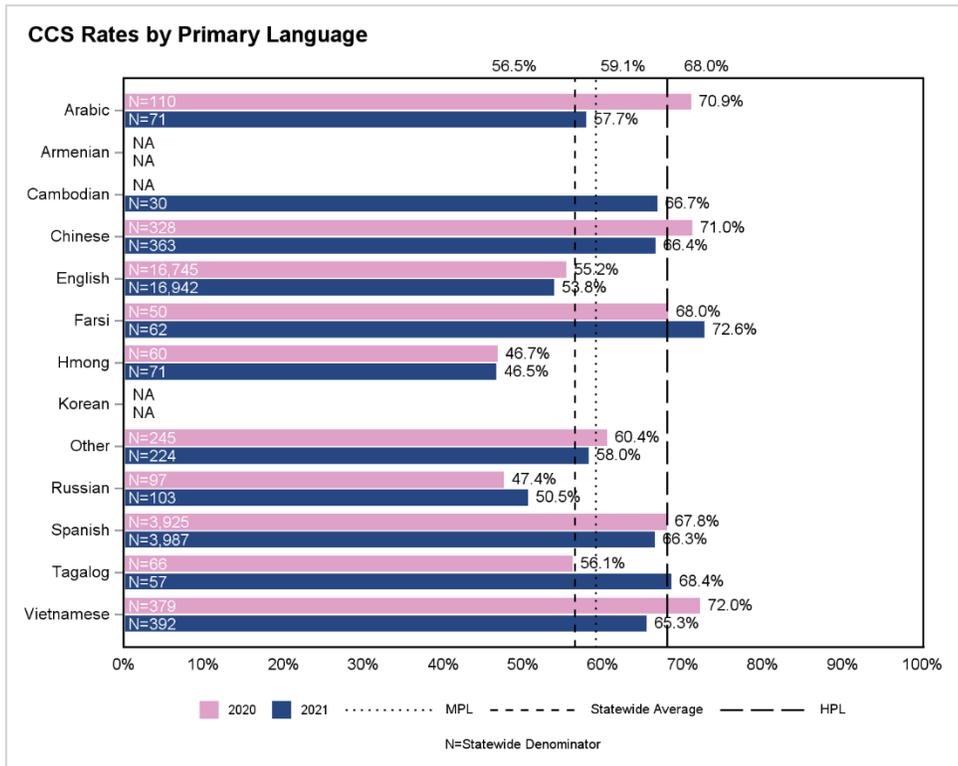
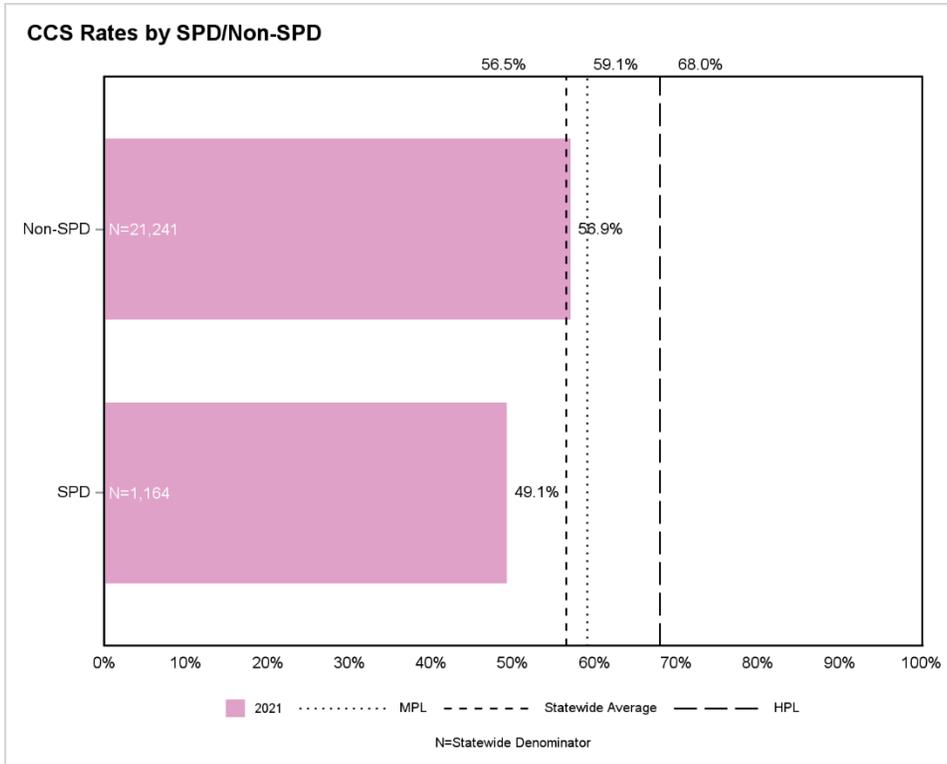


Figure C.54—Cervical Cancer Screening (CCS) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.55—Chlamydia Screening in Women—Total (CHL) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 55.7 percent (N=6,622) and 59.2 percent (N=8,017), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 58.4 percent and 71.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 61.6 percent.

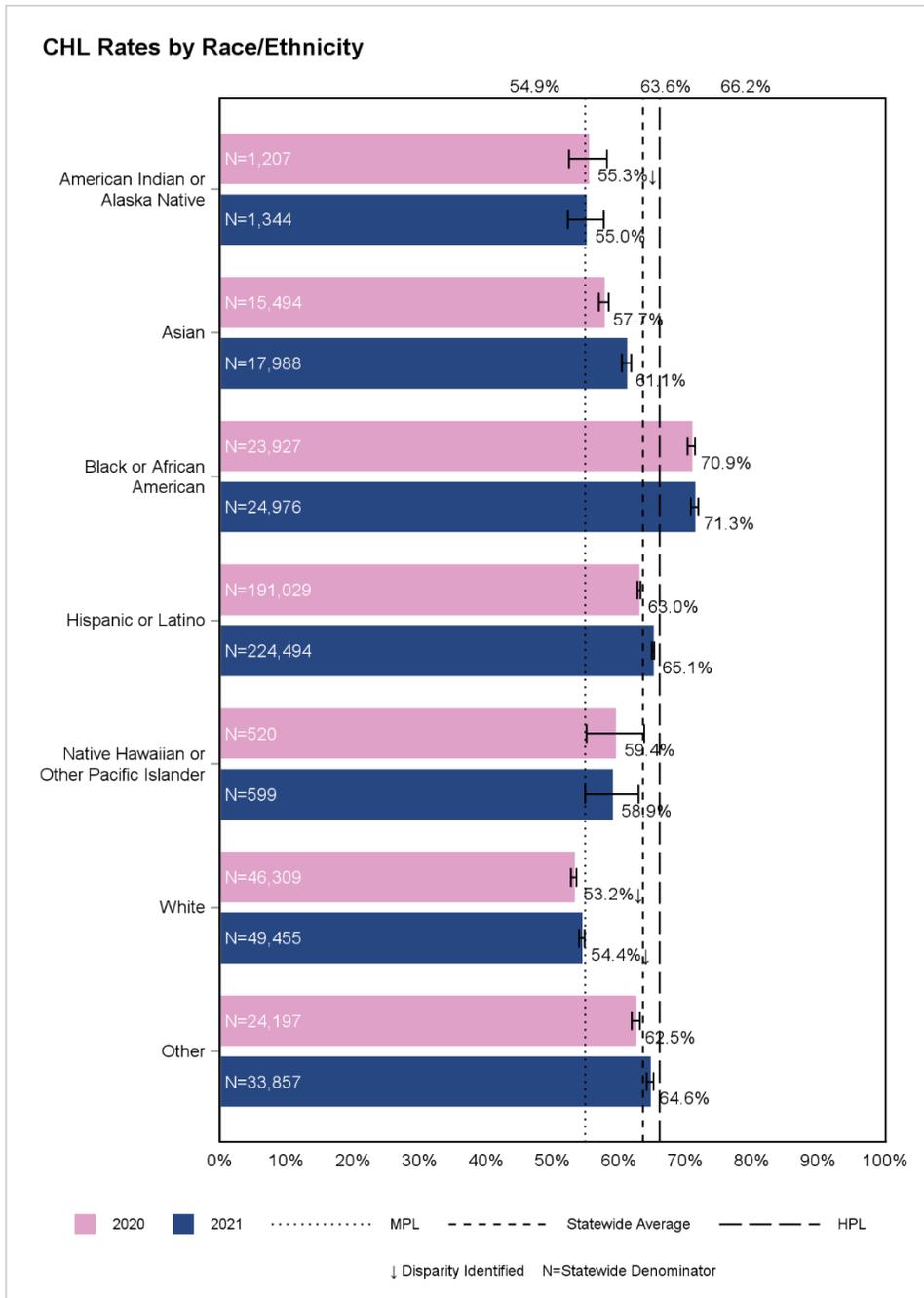


Figure C.56—Chlamydia Screening in Women—Total (CHL) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 34.1 percent (N=88) and 52.0 percent (N=77), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 58.4 percent and 71.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 61.6 percent.

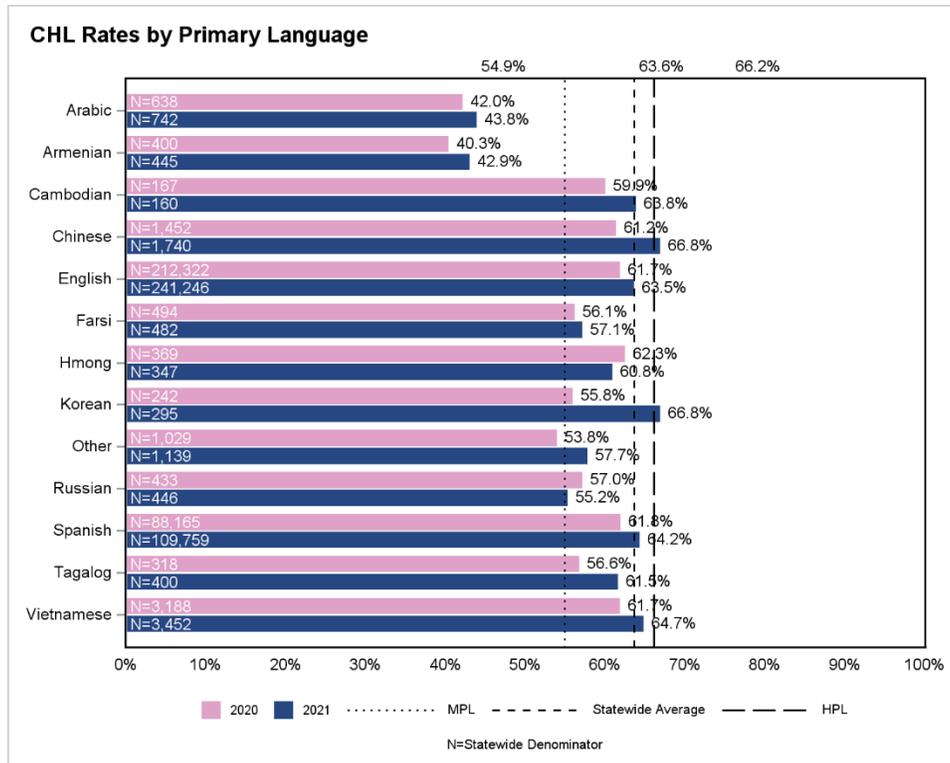


Figure C.57—Chlamydia Screening in Women—Total (CHL) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 58.4 percent and 71.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 61.6 percent.

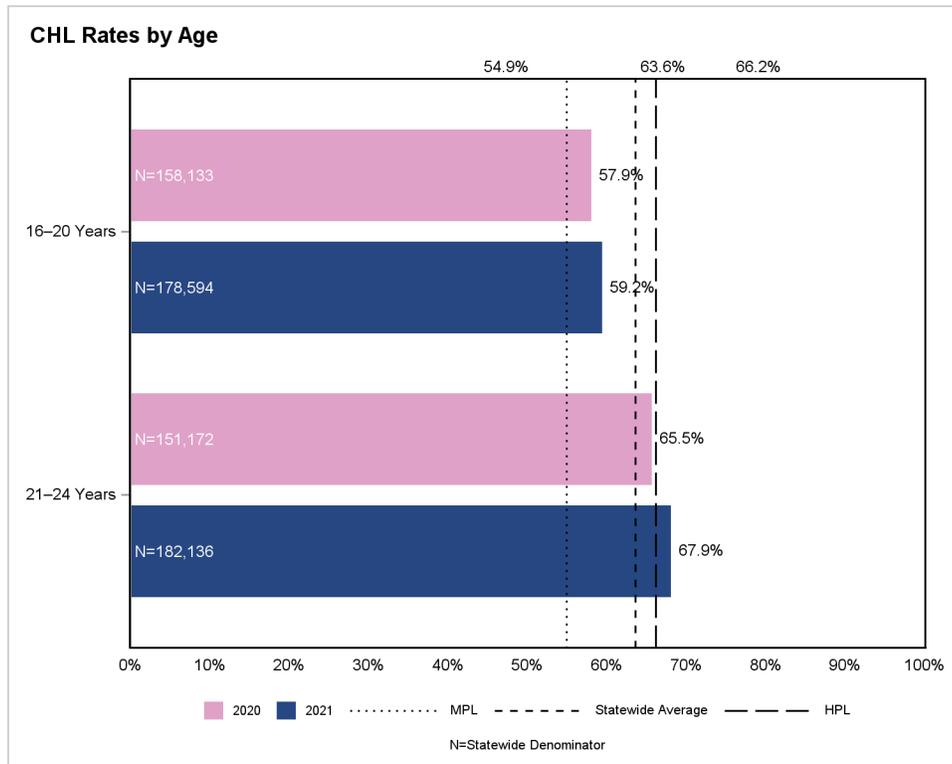
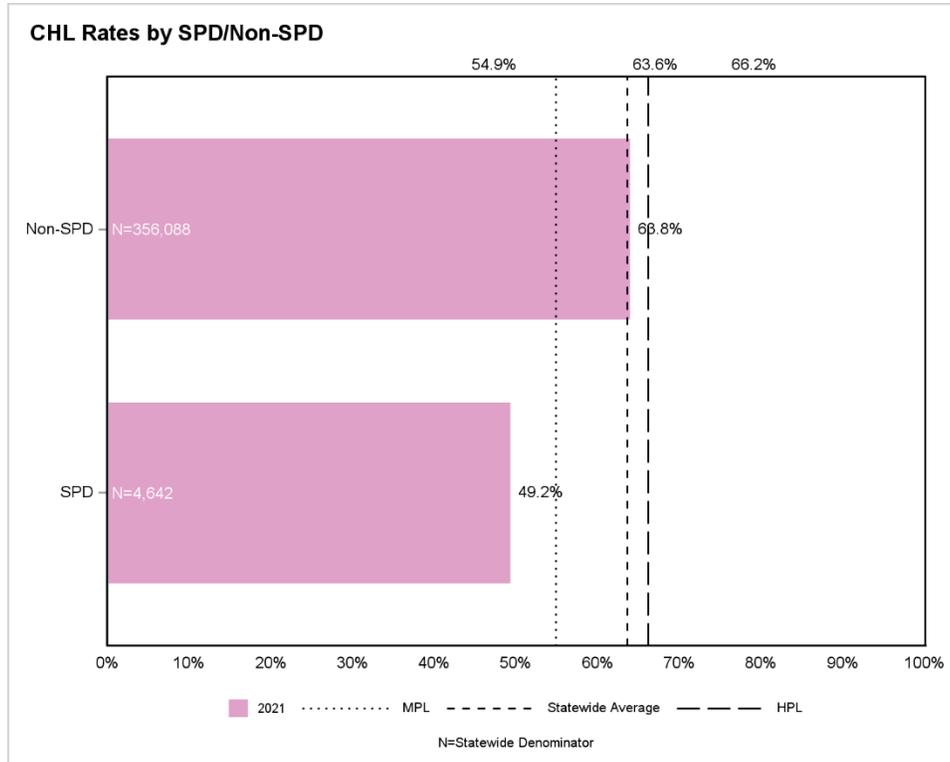


Figure C.58—Chlamydia Screening in Women—Total (CHL) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.59—Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 1.9 percent (N=12,116) and 1.7 percent (N=13,422), respectively.

The following are the measurement year 2020 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (1,896), Asian (43,338), Black or African American (36,245), Hispanic or Latino (373,171), Native Hawaiian or Other Pacific Islander (1,331), White (71,897), and Other (28,938).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (2,080), Asian (46,987), Black or African American (38,722), Hispanic or Latino (415,908), Native Hawaiian or Other Pacific Islander (1,475), Other (35,766), and White (79,031).

The median state performance rate represents the 50th percentile.
 The median state performance rate for measurement year 2020 was 4.3 percent.
 The statewide aggregate for measurement year 2020 was 2.2 percent.

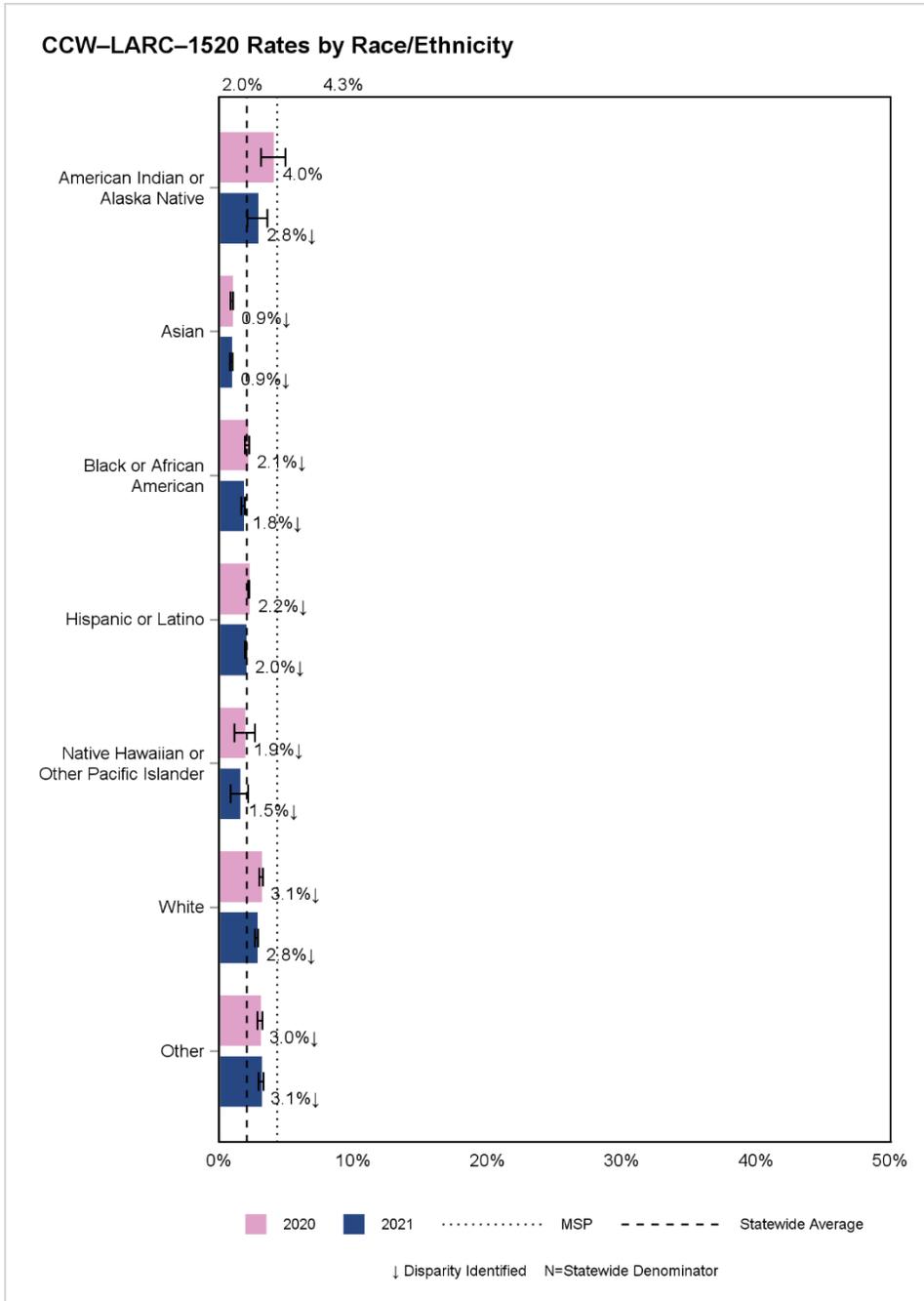


Figure C.60—Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

The following are the measurement year 2020 denominator sizes for select primary language groups: Chinese (6,288), English (300,997), Other (3,013), Russian (1,574), Spanish (239,263), Tagalog (991), and Vietnamese (8,621).

The following are the measurement year 2021 denominator sizes for select primary language groups: Chinese (6,413), English (341,128), Hmong (1,330), Other (3,106), Russian (1,651), Spanish (263,042), Tagalog (1,108), and Vietnamese (8,542)

The median state performance rate represents the 50th percentile.

The median state performance rate for measurement year 2020 was 4.3 percent.

The statewide aggregate for measurement year 2020 was 2.2 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

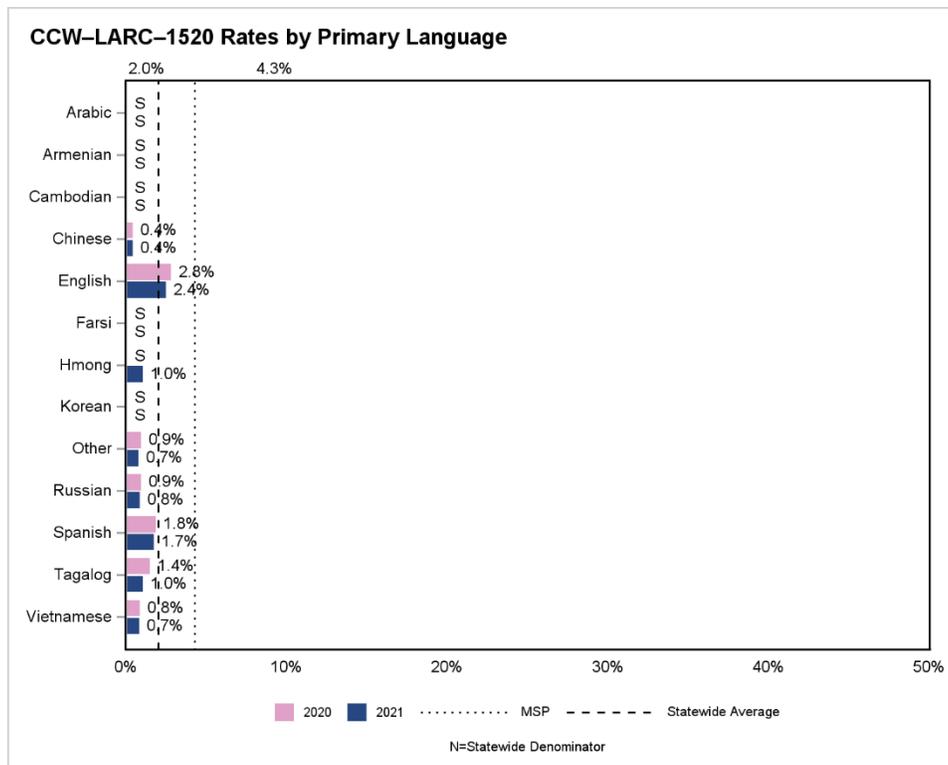
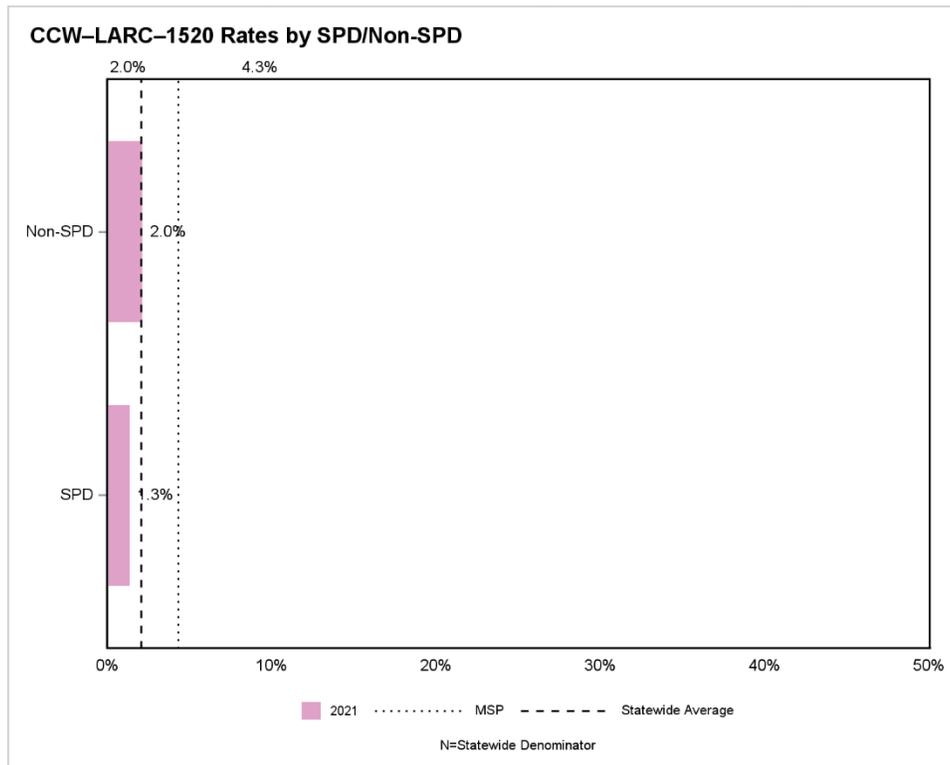


Figure C.61—Contraceptive Care—All Women—LARC—Ages 15–20 Years (CCW–LARC–1520) Rates by SPD/Non-SPD

Note: The following are the measurement year 2021 denominator sizes for select SPD/Non-SPD groups: SPD (9,241) and non-SPD (624,150)

The median state performance rate represents the 50th percentile.



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 C.62—Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 3.4 percent (N=43,528) and 3.6 percent (N=54,544), respectively.

The following are the measurement year 2020 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (6,435), Asian (116,820), Black or African American (124,735), Hispanic or Latino (655,588), Native Hawaiian or Other Pacific Islander (3,340), Other (143,052), and White (279,940).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (7,043), Asian (136,855), Black or African American (137,407), Hispanic or Latino (773,368), Native Hawaiian or Other Pacific Islander (3,695), Other (193,278), and White (315,197).

The median state performance rate represents the 50th percentile.

The median state performance rate for measurement year 2020 was 5.1 percent.

The statewide aggregate for measurement year 2020 was 4.3 percent.

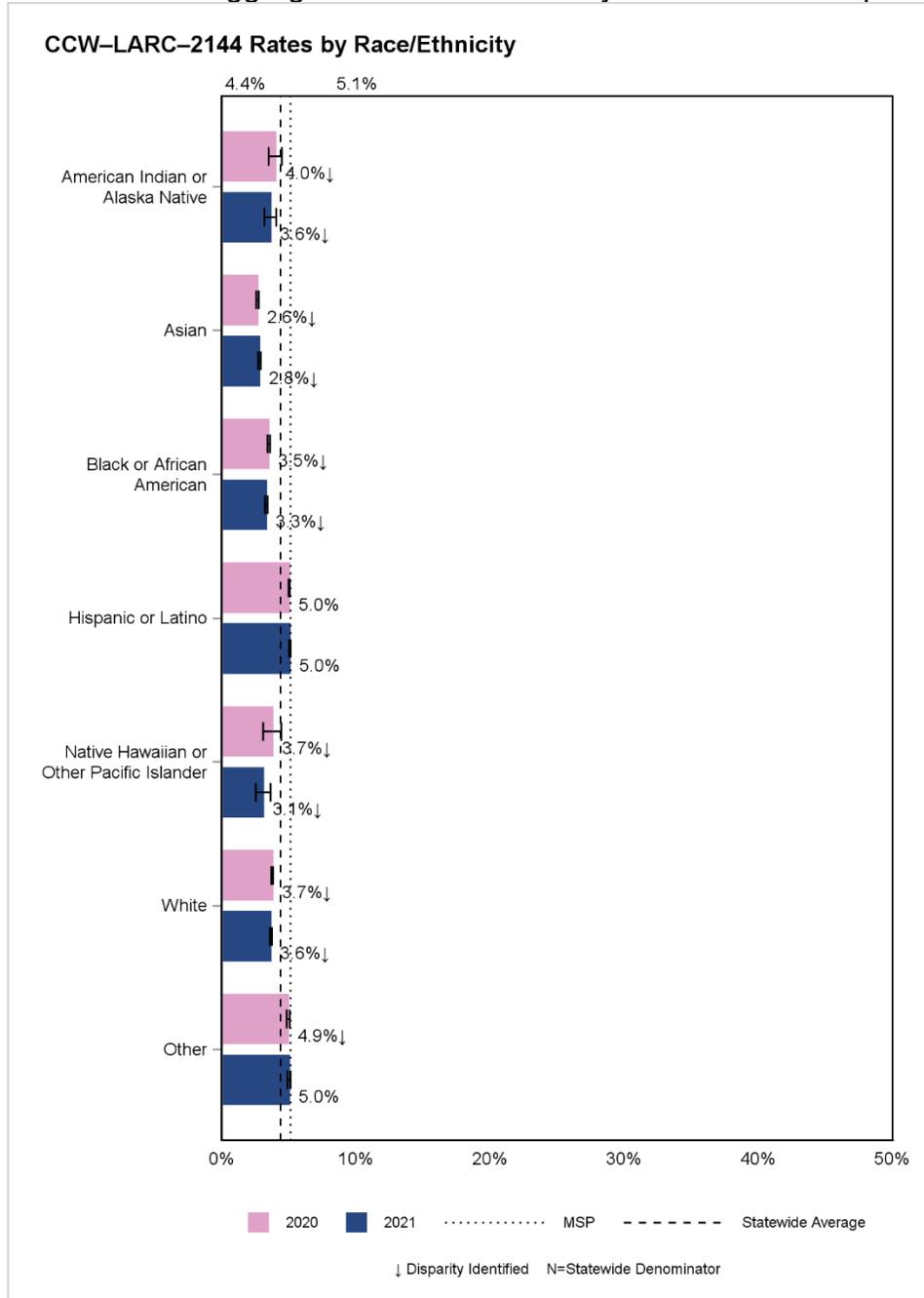


Figure C.63—Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 0.9 percent (N=2,014) and 1.5 percent (N=1,703), respectively.

The following are the measurement year 2020 denominator sizes for select primary language groups: Arabic (5,188), Armenian (6,226), Cambodian (1,222), Chinese (14,338), English (1,102,045), Farsi (3,344), Hmong (2,157), Korean (1,879), Other (7,285), Russian (3,388), Spanish (205,130), Tagalog (1,455), and Vietnamese (17,767).

The following are the measurement year 2021 denominator sizes for select primary language groups: Arabic (5,575), Armenian (6,335), Cambodian (1,279), Chinese (16,020), English (1,294,866), Farsi (148), Hmong (2,219), Korean (2,187), Other (7,823), Russian (3,768), Spanish (255,007), Tagalog (1,720), Vietnamese (19,317).

The median state performance rate represents the 50th percentile.

The median state performance rate for measurement year 2020 was 5.1 percent.

The statewide aggregate for measurement year 2020 was 4.3 percent.

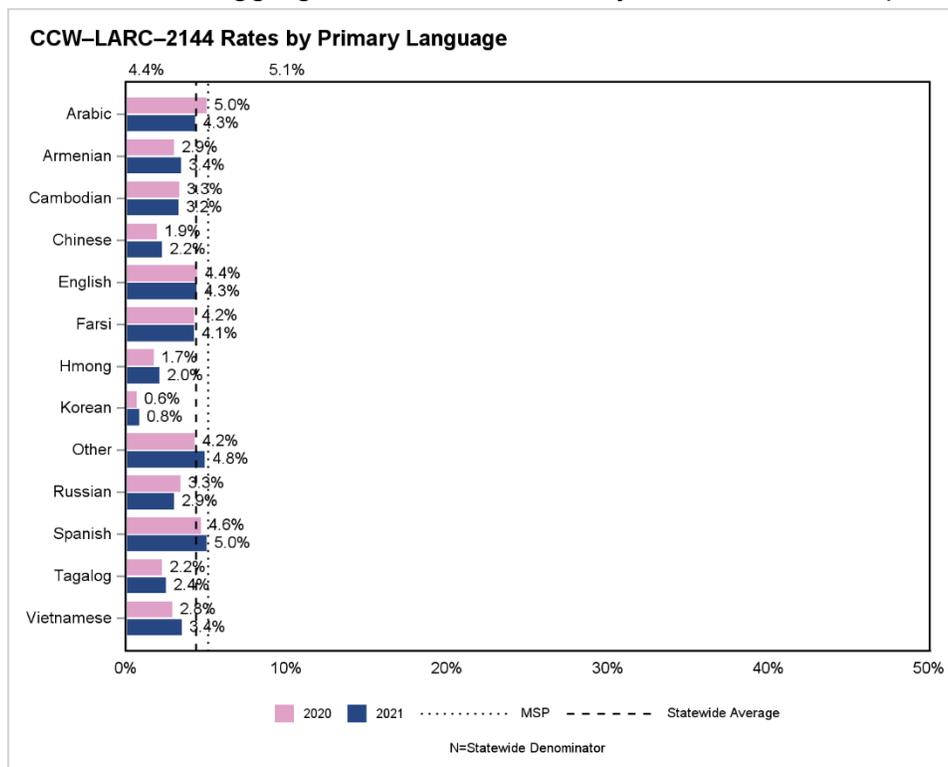
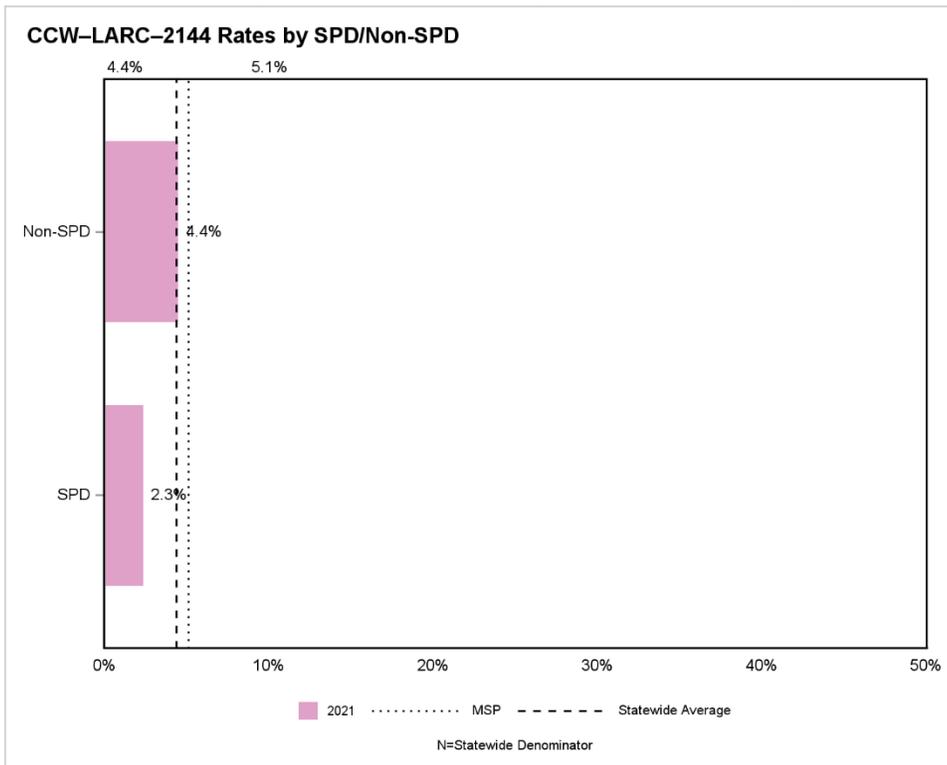


Figure C.64—Contraceptive Care—All Women—LARC—Ages 21–44 Years (CCW–LARC–2144) Rates by SPD/Non-SPD

Note: The following are the measurement year 2021 denominator sizes for select SPD/Non-SPD groups: Non-SPD (1,582,405) and SPD (38,982).

The median state performance rate represents the 50th percentile.



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 C.65—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 14.6 percent (N=12,116) and 13.8 percent (N=13,422), respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 30.0 percent.

The statewide aggregate for measurement year 2020 was 14.7 percent.

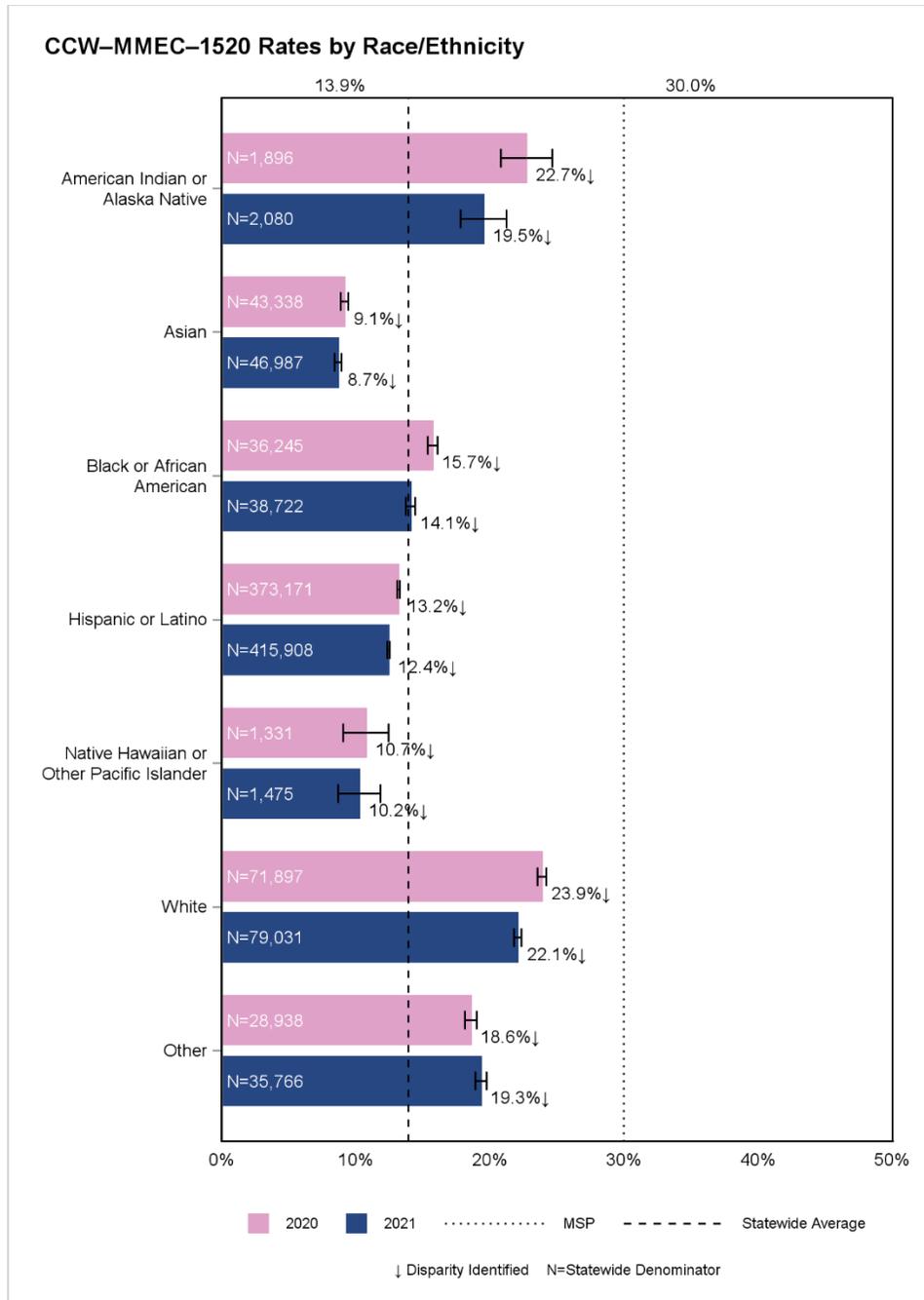


Figure C.66—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 9.8 percent (N=183) and 7.7 percent (N=156), respectively.

The following are the measurement year 2020 denominator sizes for select primary language groups: Armenian (1,712), Chinese (6,288), and Korean (1,395).

The following are the measurement year 2021 denominator sizes for select primary language groups: Armenian (1,757), Chinese (6,413), Hmong (1,330), and Korean (1,497).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 30.0 percent.

The statewide aggregate for measurement year 2020 was 13.9 percent.

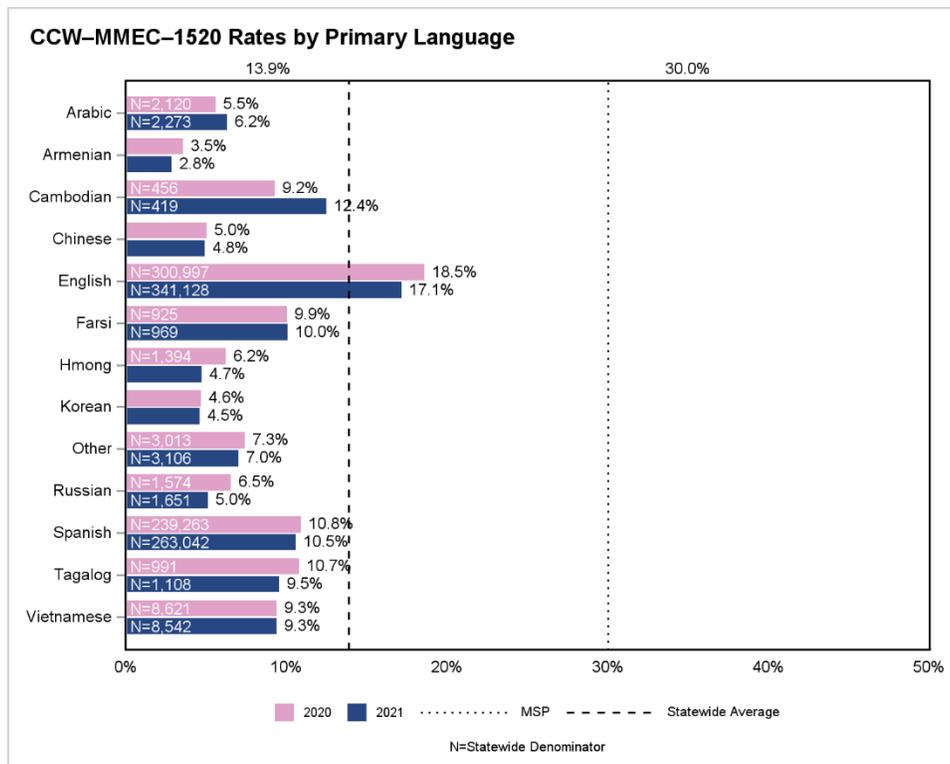
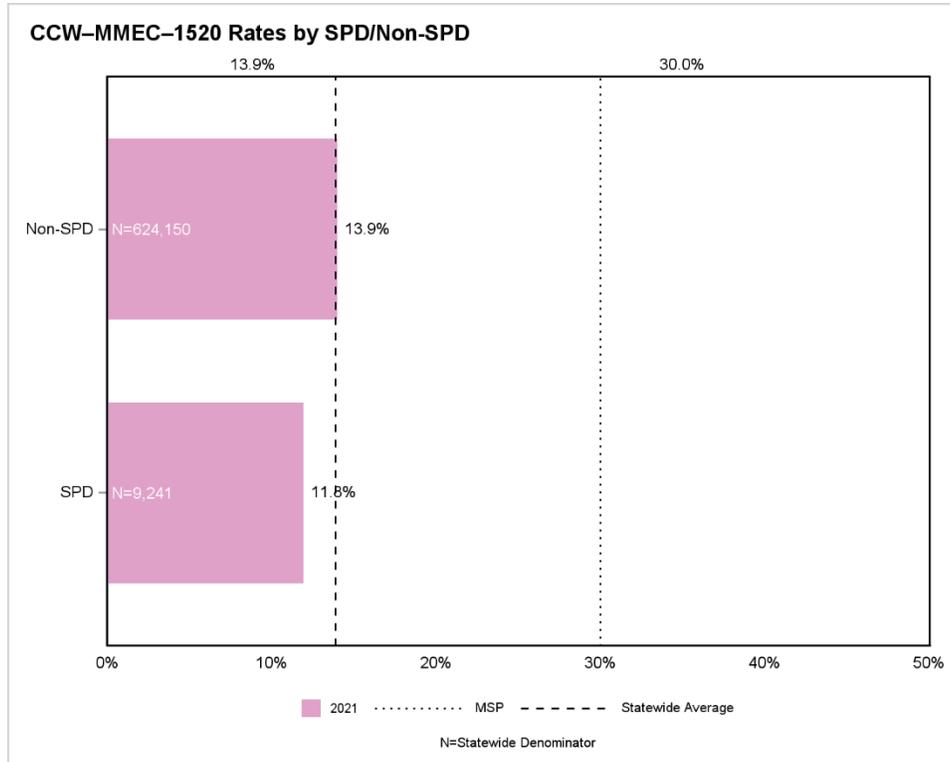


Figure C.67—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years (CCW–MMEC–1520) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile.



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 C.68—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 20.8 percent (N=43,528) and 21.2 percent (N=54,544), respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 24.5 percent.

The statewide aggregate for measurement year 2020 was 23.2 percent.

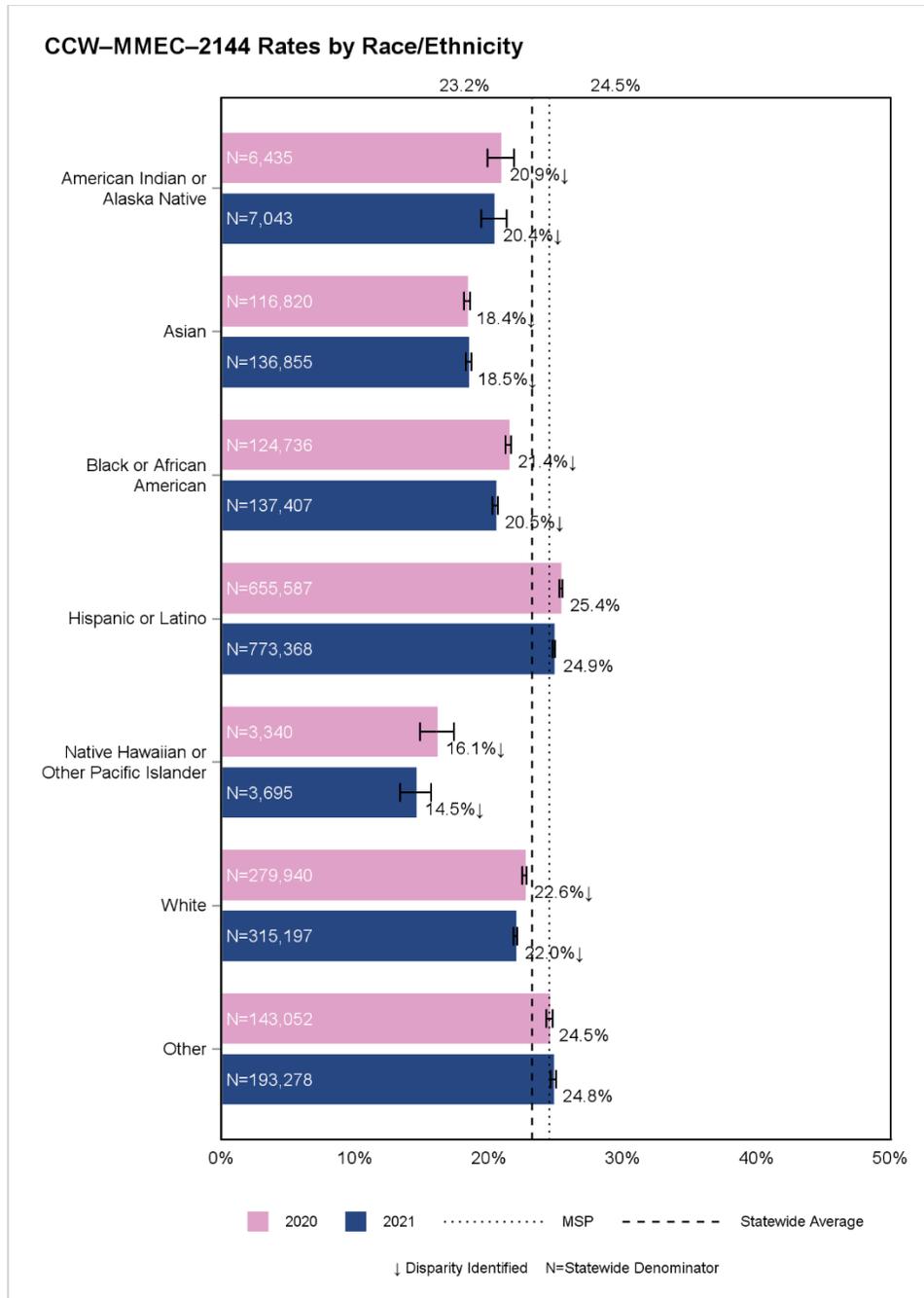


Figure C.69—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 14.9 percent (N=2,014) and 16.7 percent (N=1,703), respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 24.5 percent.

The statewide aggregate for measurement year 2020 was 23.6 percent.

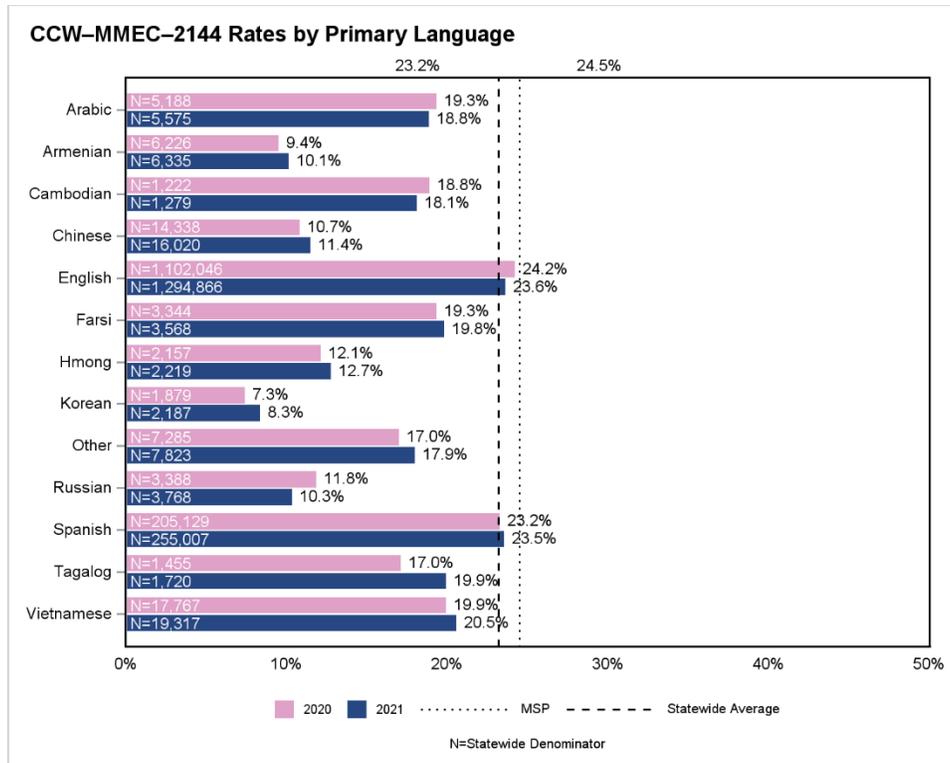
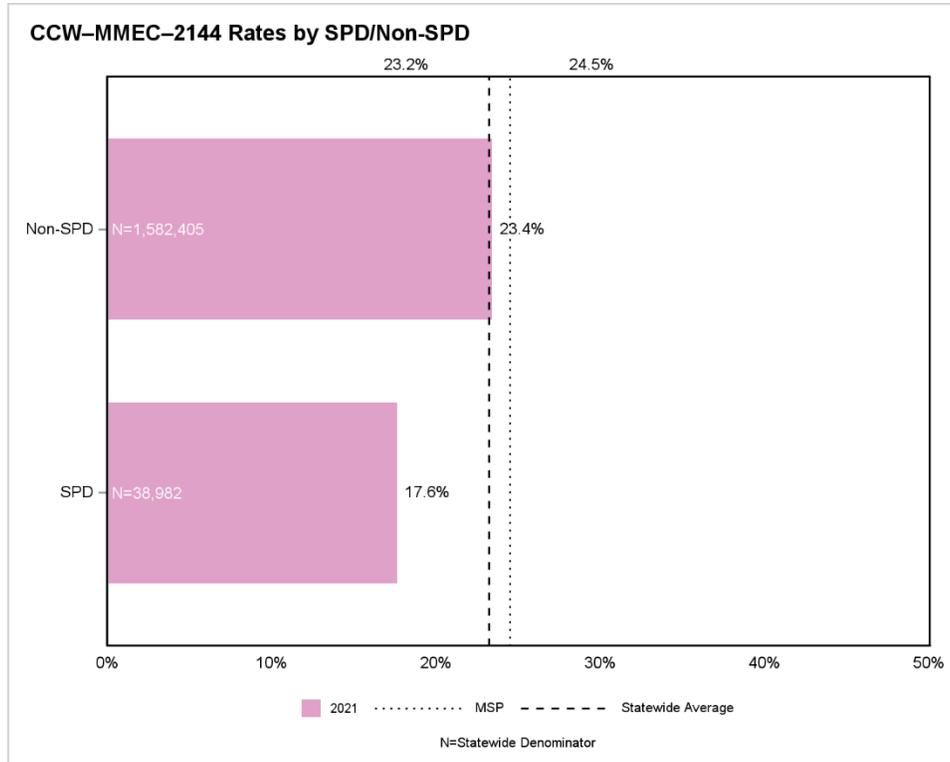


Figure C.70—Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years (CCW–MMEC–2144) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile.



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 C.71—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

The following are the measurement year 2020 denominator sizes for select racial/ethnic groups: Black or African American (691), Hispanic or Latino (6,842), White (997), and Other (901).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: Black or African American (642), Hispanic or Latino (6,072), White (875), and Other (1,059).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 2.1 percent.

The statewide aggregate for measurement year 2020 was 2.8 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

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

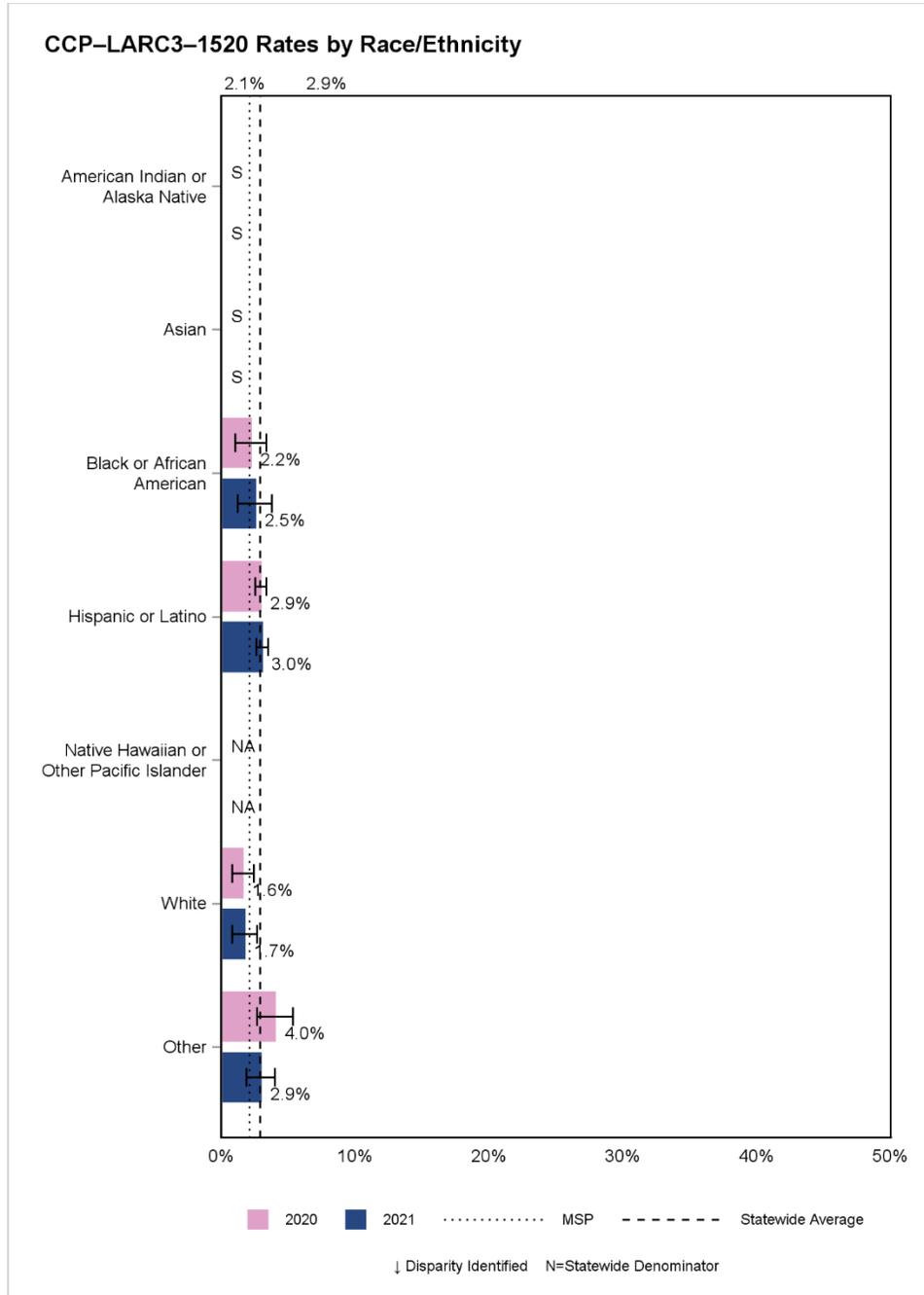


Figure C.72—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

The following are the measurement year 2020 denominator sizes for select primary language groups: English (6,812) and Spanish (2,941).

The following are the measurement year 2021 denominator sizes for select primary language groups: English (6,259) and Spanish (2,703).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 2.1 percent.

The statewide aggregate for measurement year 2020 was 2.8 percent.

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

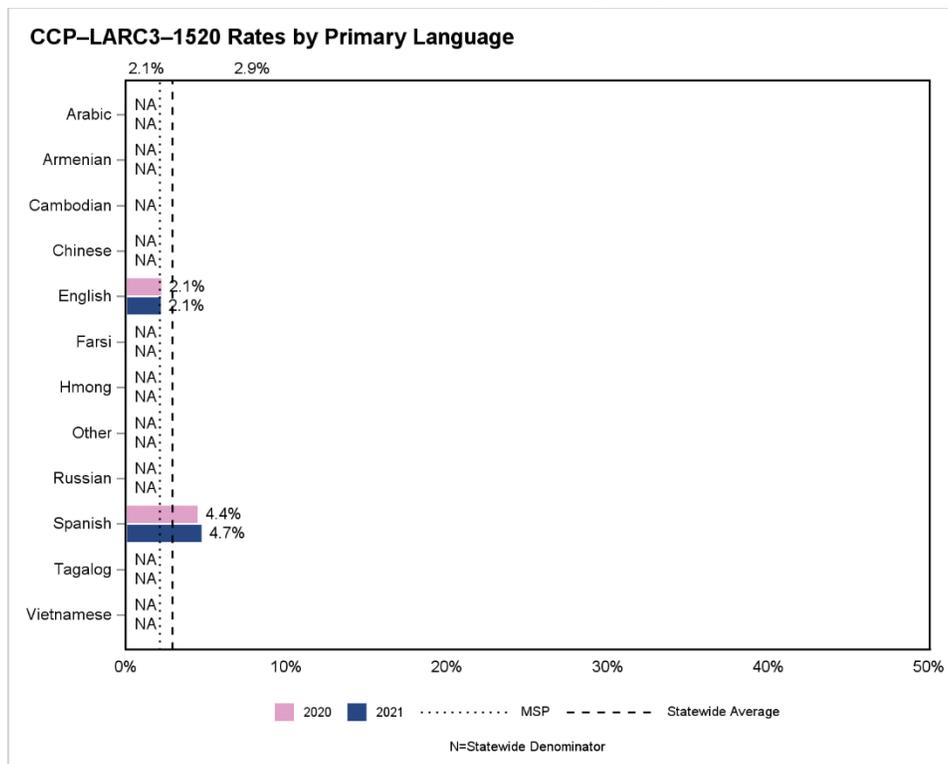
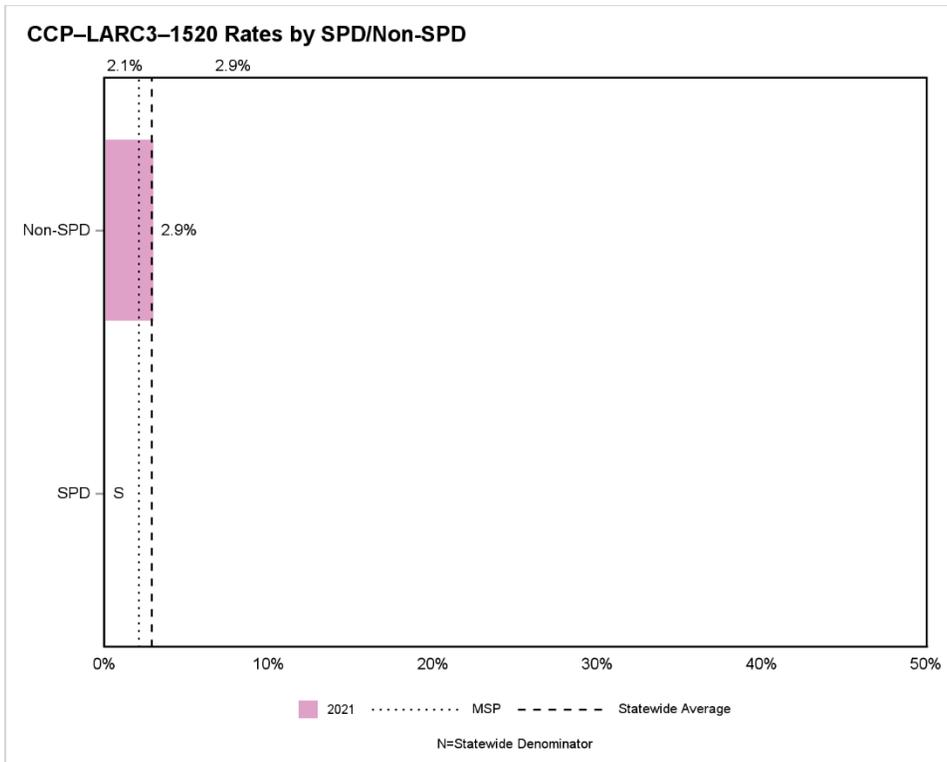


Figure C.73—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years (CCP–LARC3–1520) Rates by SPD/Non-SPD

Note: The denominator size for the Non-SPD group in measurement year 2021 was 8,945. The median state performance rate represents the 50th percentile. 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 (HIPPA) Privacy Rule’s de-identification standard.



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 C.74—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 2.2 percent (N=2,587) and 2.6 percent (N=2,944)

The following are the measurement year 2020 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (493), Asian (5,763), Black or African American (8,585), Hispanic or Latino (54,749), White (16,288), and Other (11,810).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (477), Asian (6,018), Black or African American (8,497), Hispanic or Latino (56,274), Native Hawaiian or Other Pacific Islander (254), White (16,012), and Other (14,008).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 1.9 percent.

The statewide aggregate for measurement year 2020 was 2.5 percent.

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 (HIPPA) Privacy Rule's de-identification standard.

CCP-LARC3-2144 Rates by Race/Ethnicity

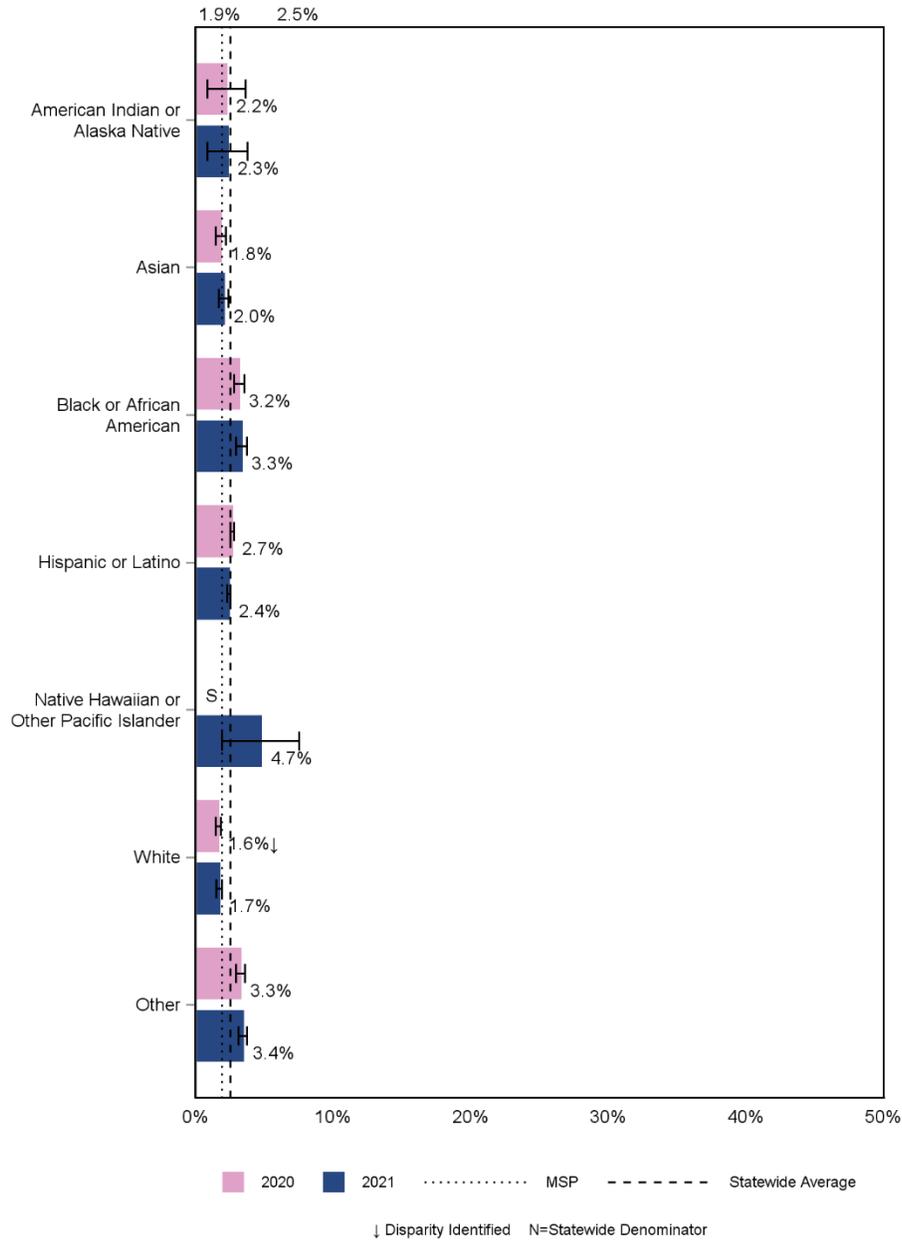


Figure C.75—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The following are the measurement year 2020 denominator sizes for select primary language groups: English (81,045) and Spanish (15,747).

The following are the measurement year 2021 denominator sizes for select primary language groups: Chinese (639), English (84,890), Other (679), Spanish (16,070), and Vietnamese (693).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 1.9 percent.

The statewide aggregate for measurement year 2020 was 2.5 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

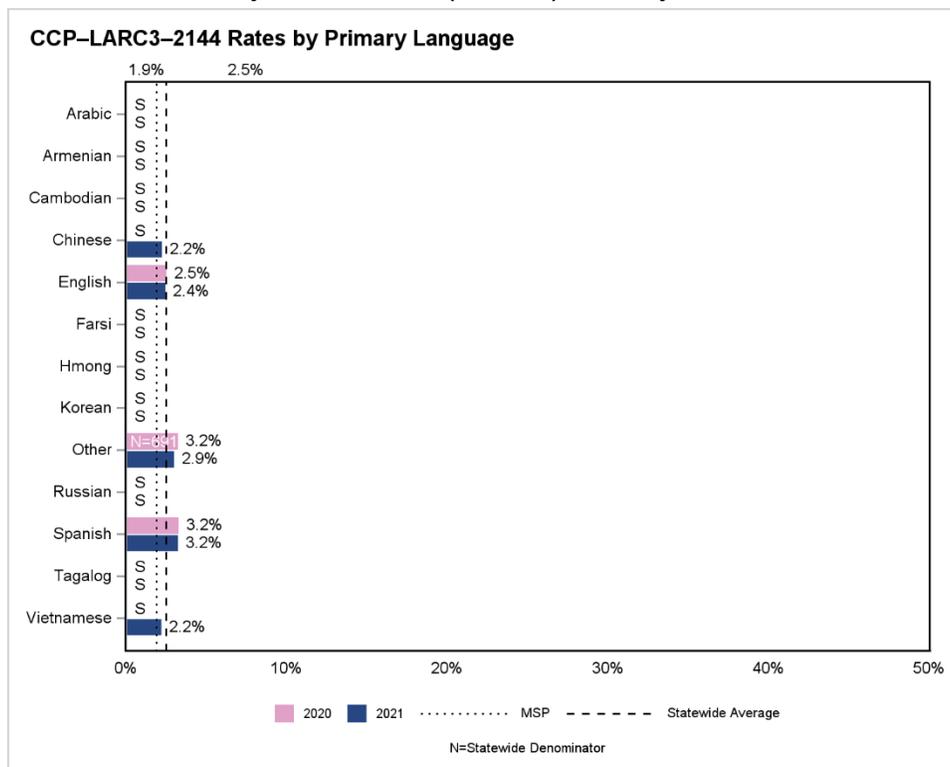
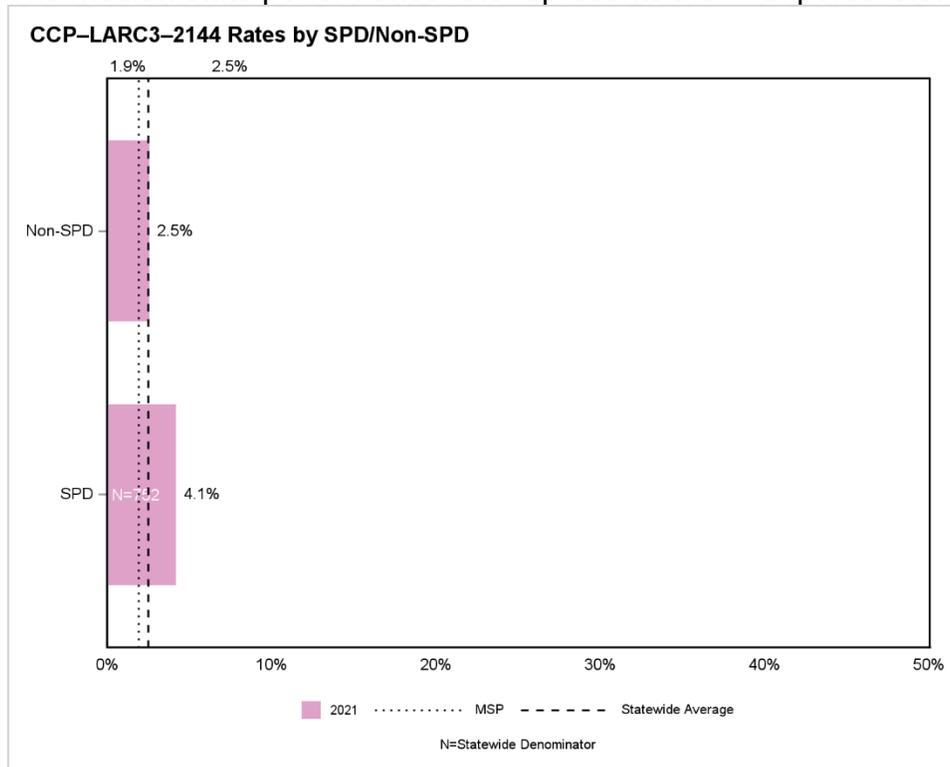


Figure C.76—Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years (CCP–LARC3–2144) Rates by SPD/Non-SPD

Note: The denominator size for the Non-SPD group in measurement year 2021 was 103,732. The median state performance rate represents the 50th percentile.



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 C.77—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 15.4 percent (N=169) and 18.1 percent (N=171), respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 16.4 percent.

The statewide aggregate for measurement year 2020 was 14.3 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

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

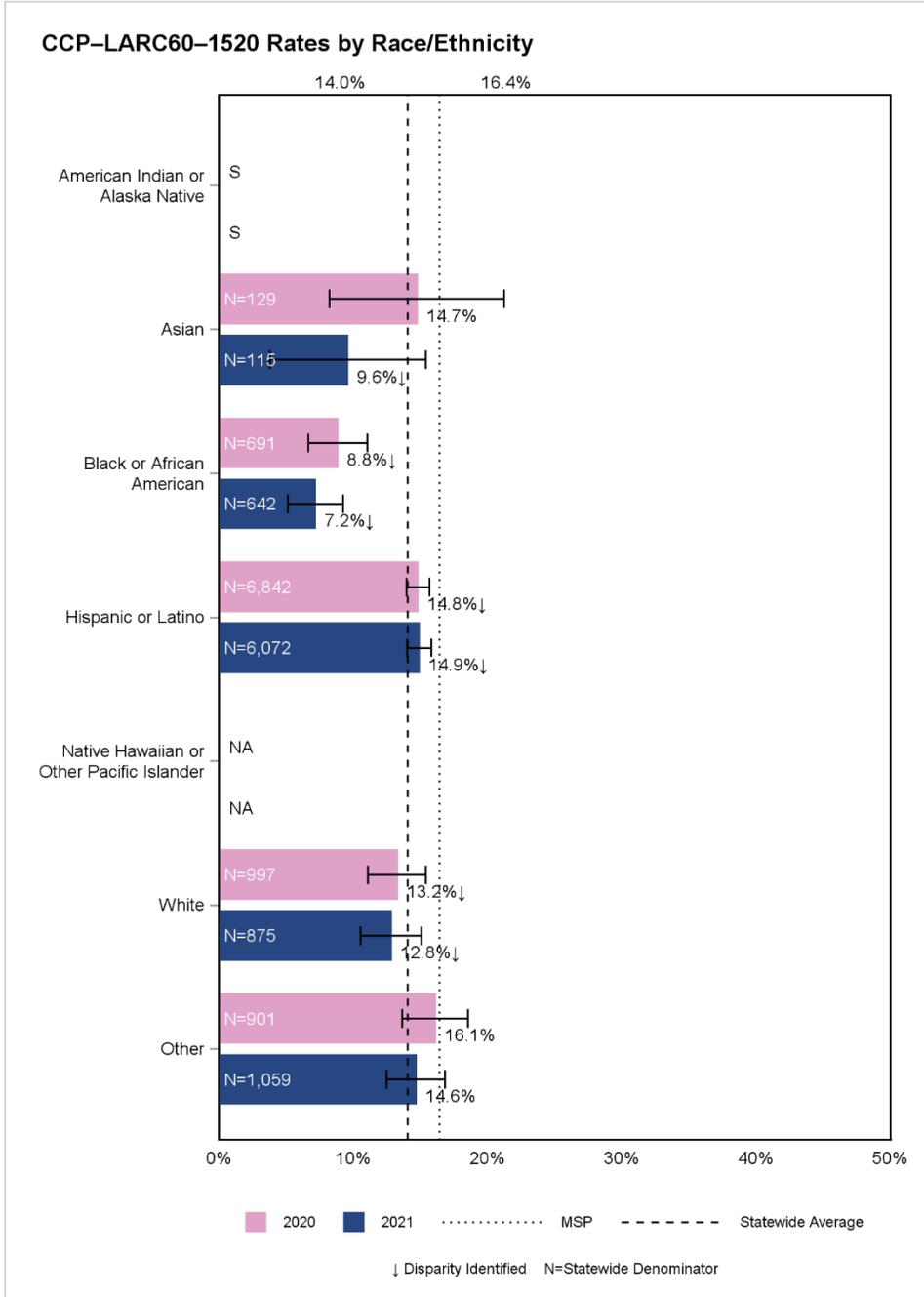


Figure C.78—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 16.4 percent.

The statewide aggregate for measurement year 2020 was 14.3 percent.

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

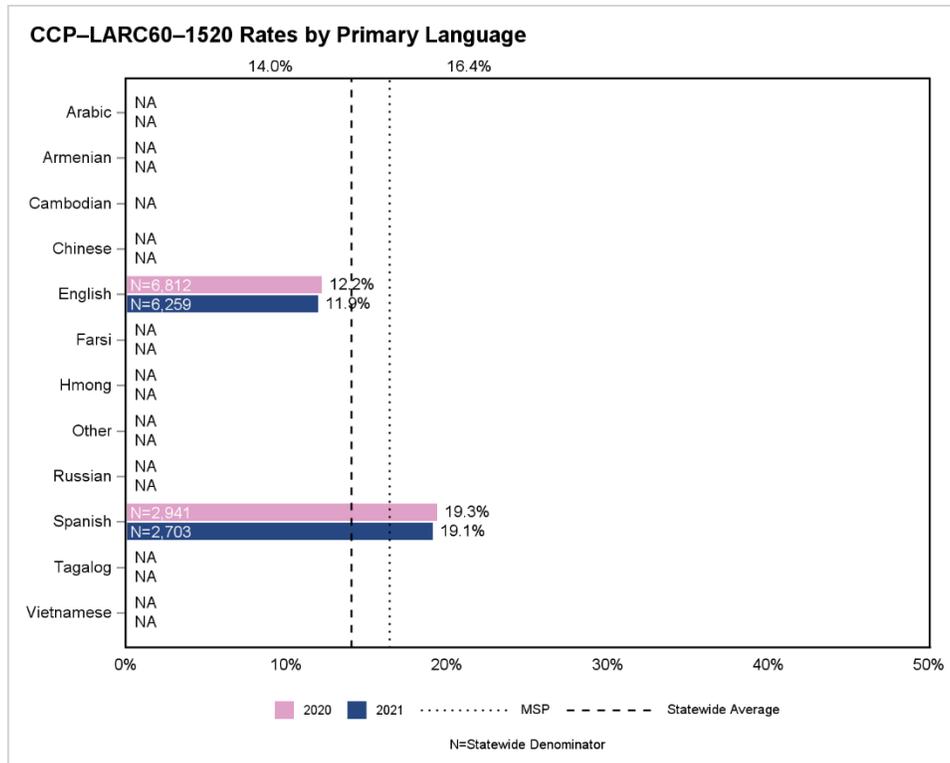
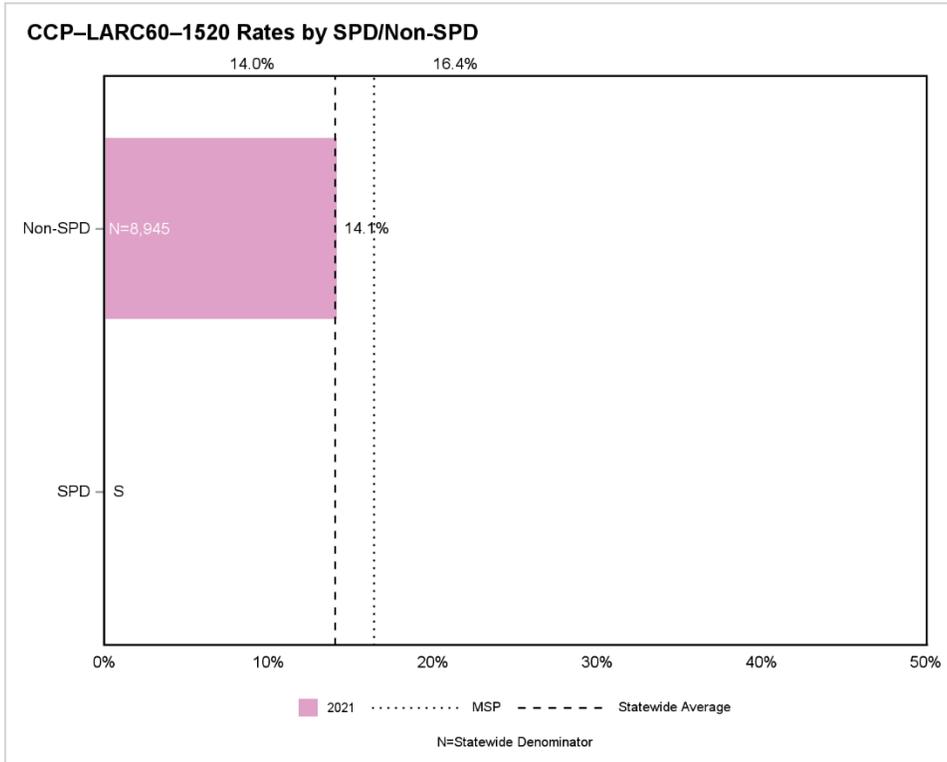


Figure C.79—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years (CCP–LARC60–1520) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile. 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 (HIPPA) Privacy Rule’s de-identification standard.



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 C.80—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 10.6 percent (N=2,587) and 11.3 percent (N=2,944), respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 12.6 percent.

The statewide aggregate for measurement year 2020 was 11.3 percent.

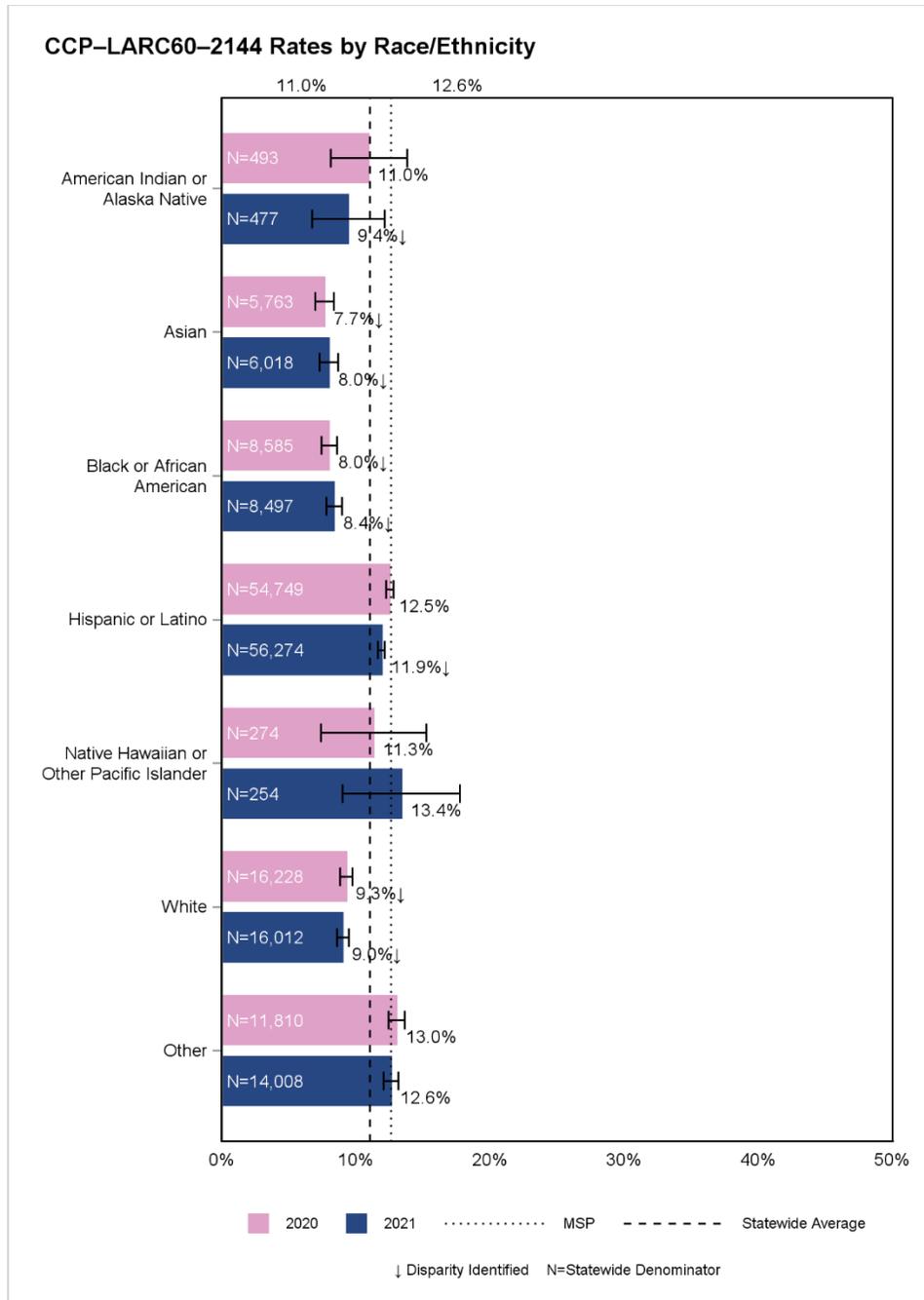


Figure C.81—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 12.6 percent.

The statewide aggregate for measurement year 2020 was 11.3 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

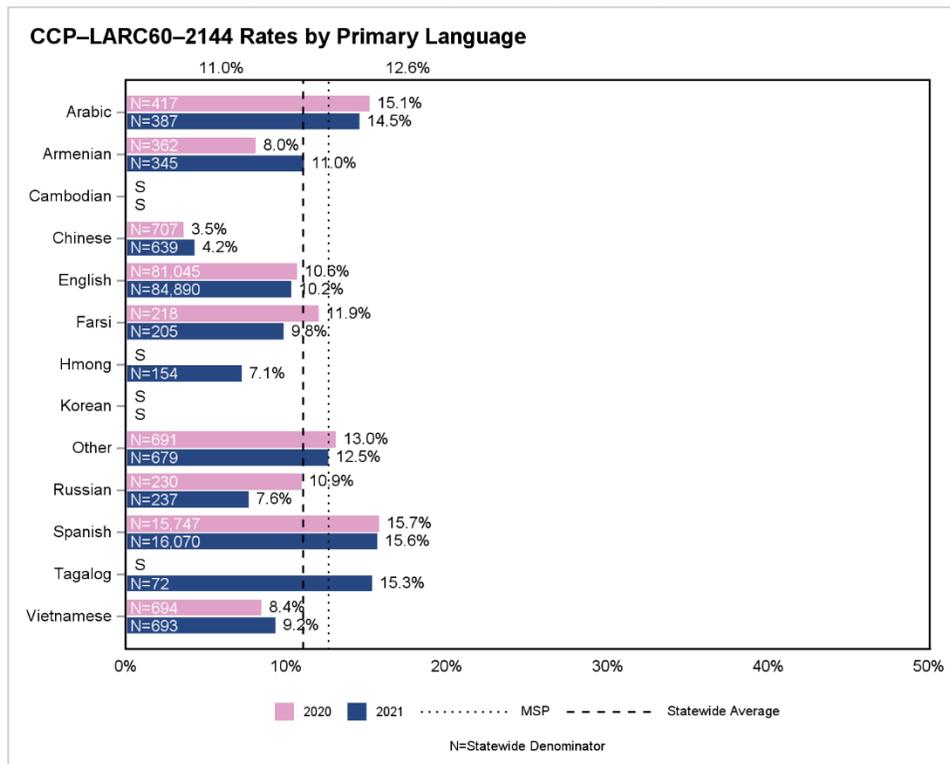
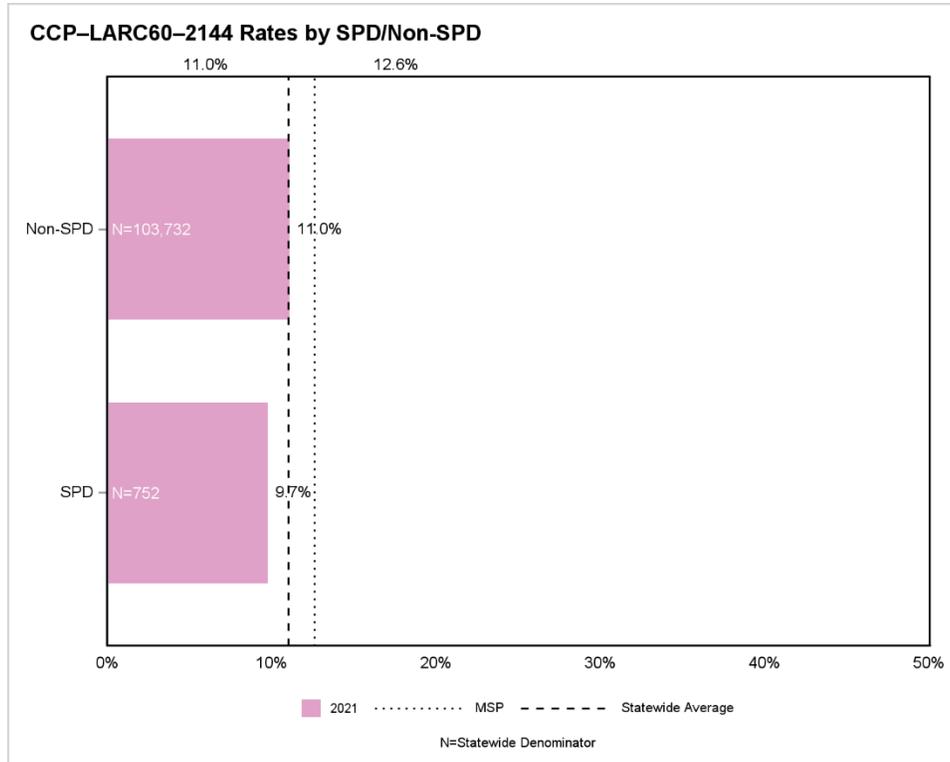


Figure C.82—Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years (CCP–LARC60–2144) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile.



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 C.83—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

The following are the measurement year 2020 denominator sizes for select racial/ethnic groups: Hispanic or Latino (6,842) and White (997).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: Black or African American (642), Hispanic or Latino (6,072), White (875), and Other (1,059).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 5.0 percent.

The statewide aggregate for measurement year 2020 was 5.0 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

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

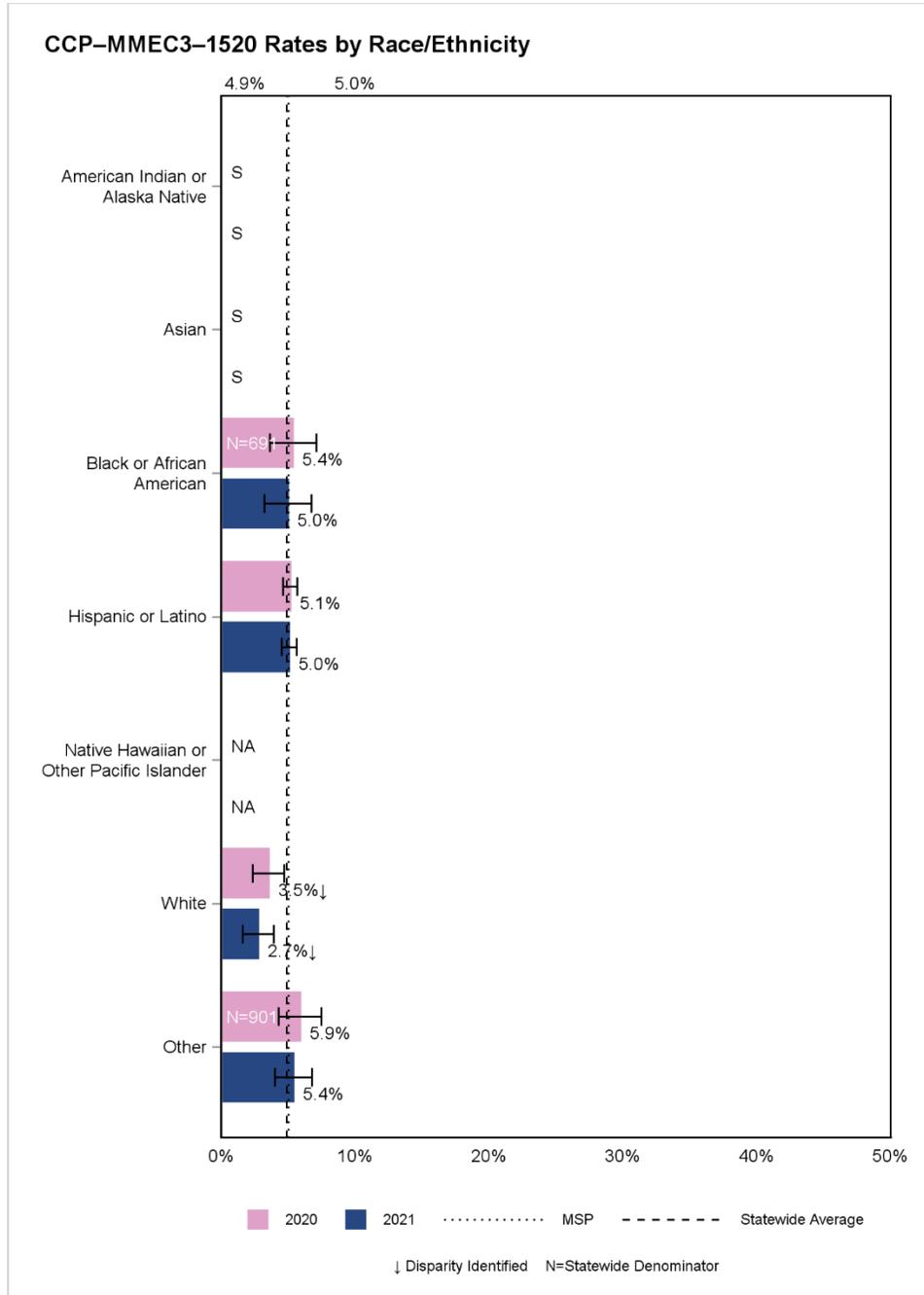


Figure C.84—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The measurement year 2020 and 2021 denominators for the English primary language group was 6,812 and 6,259, respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 5.0 percent.

The statewide aggregate for measurement year 2020 was 5.0 percent.

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

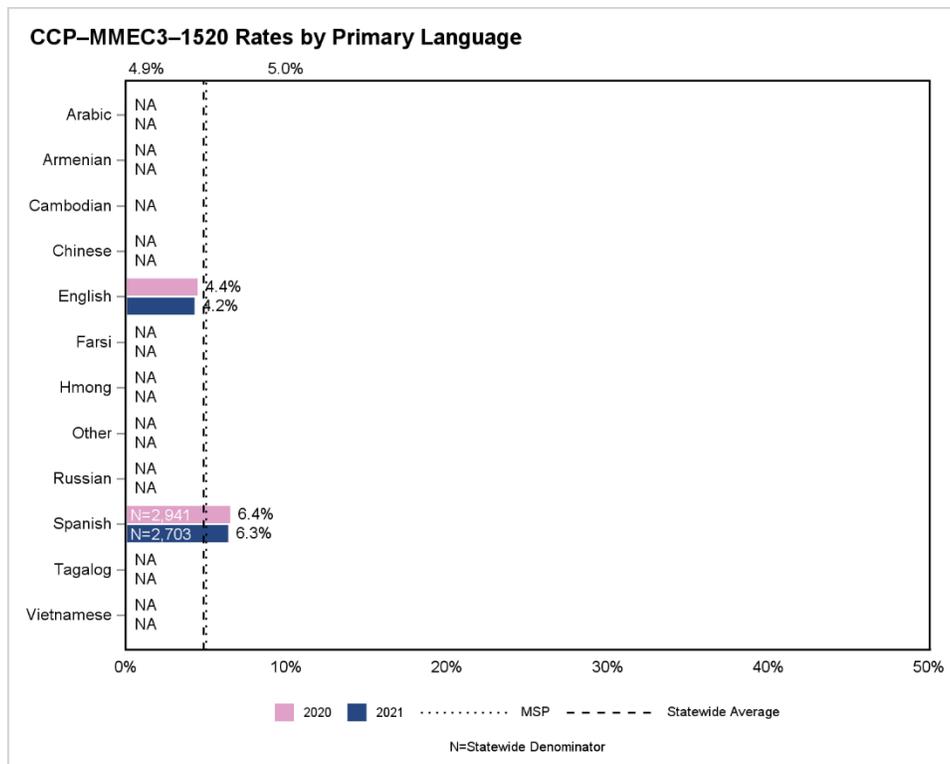
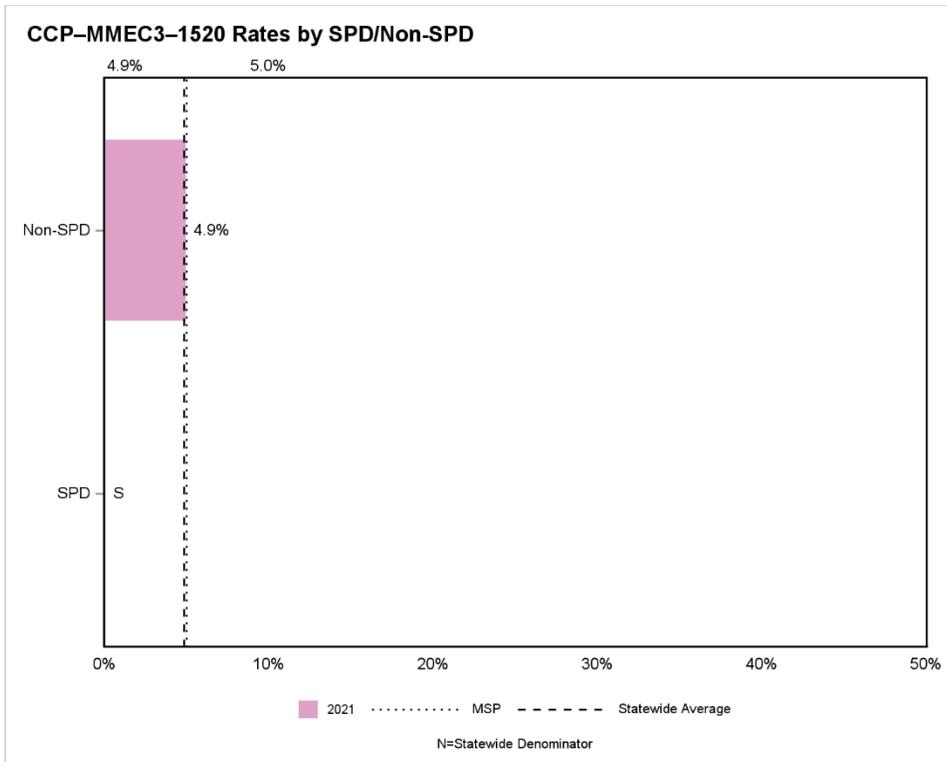


Figure C.85—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years (CCP–MMEC3–1520) Rates by SPD/Non-SPD

Note: The denominator size for the Non-SPD group in measurement year 2021 was 8,945.

The median state performance rate represents the 50th percentile. 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 (HIPPA) Privacy Rule’s de-identification standard.



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 C.86—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 10.1 percent (N=2,587) and 8.6 percent (N=2,944), respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 11.9 percent.

The statewide aggregate for measurement year 2020 was 10.4 percent.

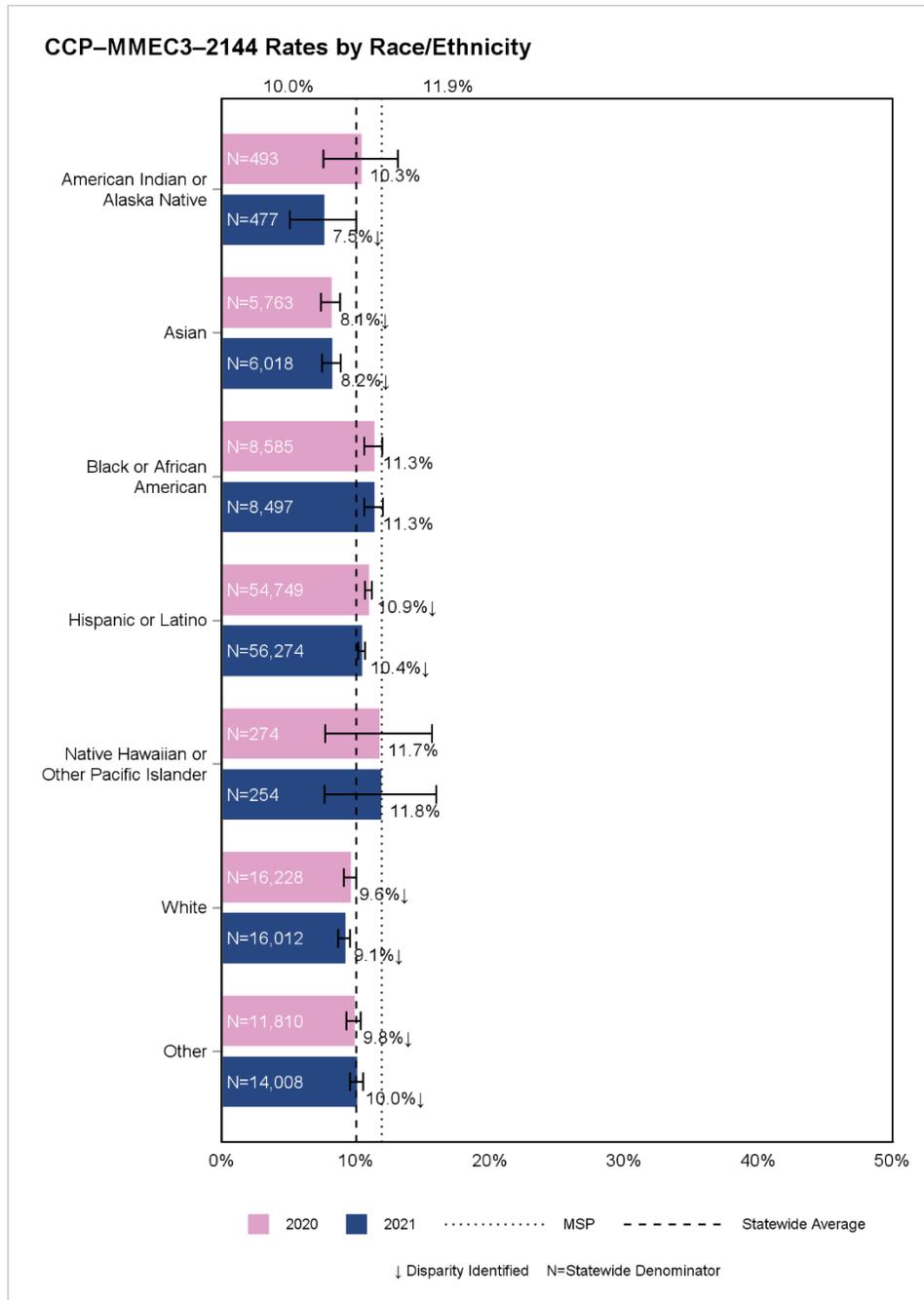


Figure C.87—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 11.9 percent.

The statewide aggregate for measurement year 2020 was 10.4 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

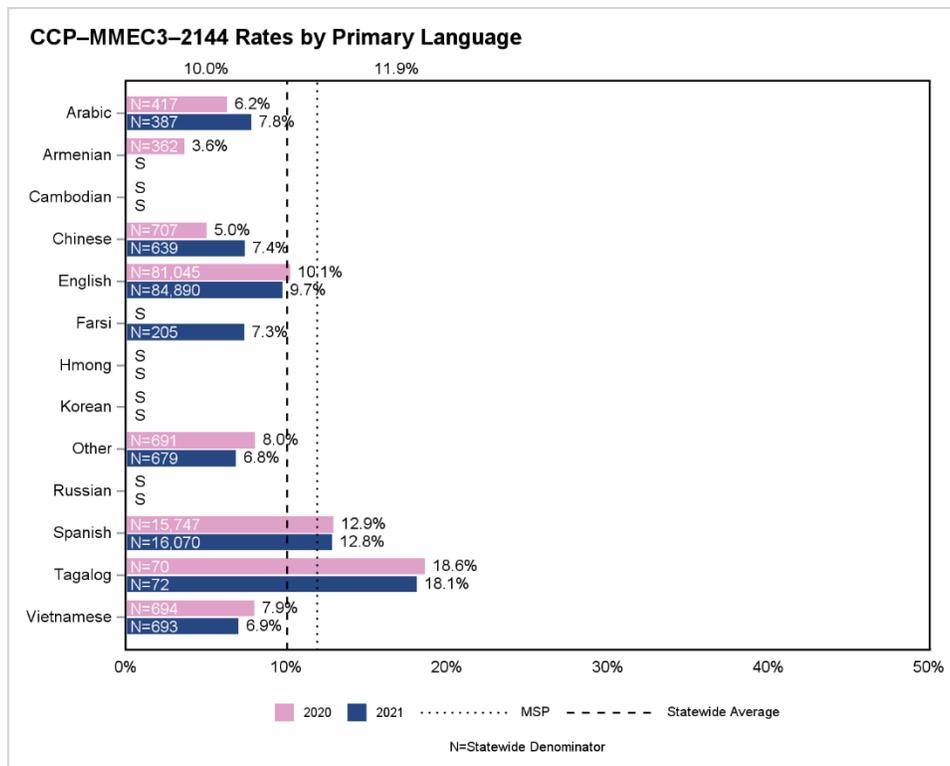
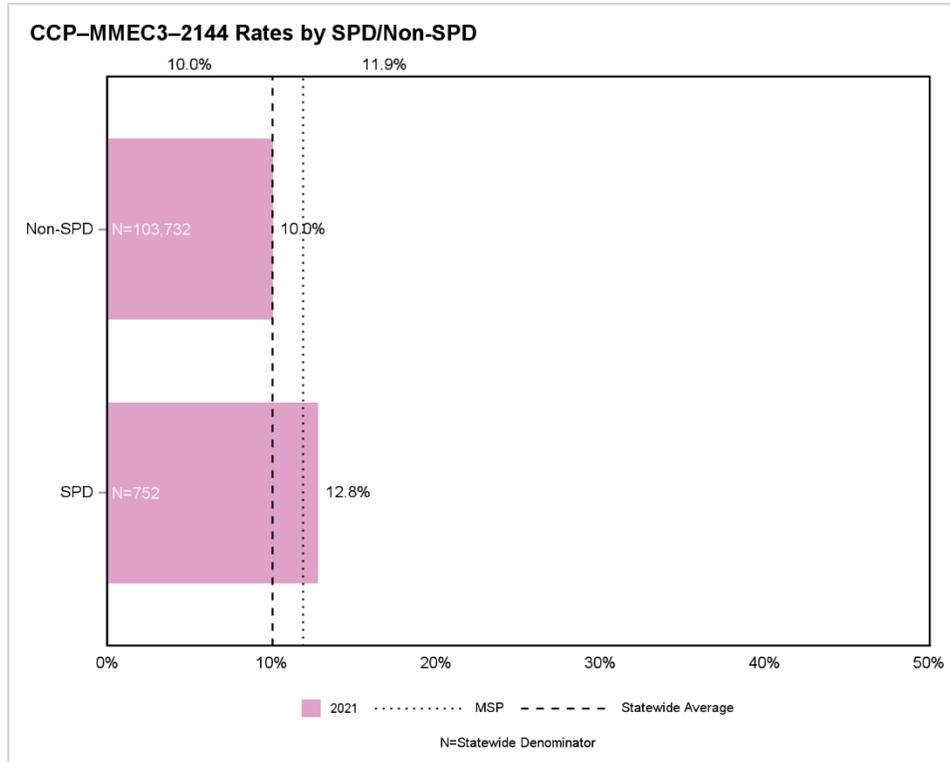


Figure C.88—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years (CCP–MMEC3–2144) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile.



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 C.89—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 35.5 percent (N=169) and 39.2 percent (N=171), respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 43.9 percent.

The statewide aggregate for measurement year 2020 was 37.3 percent.

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).

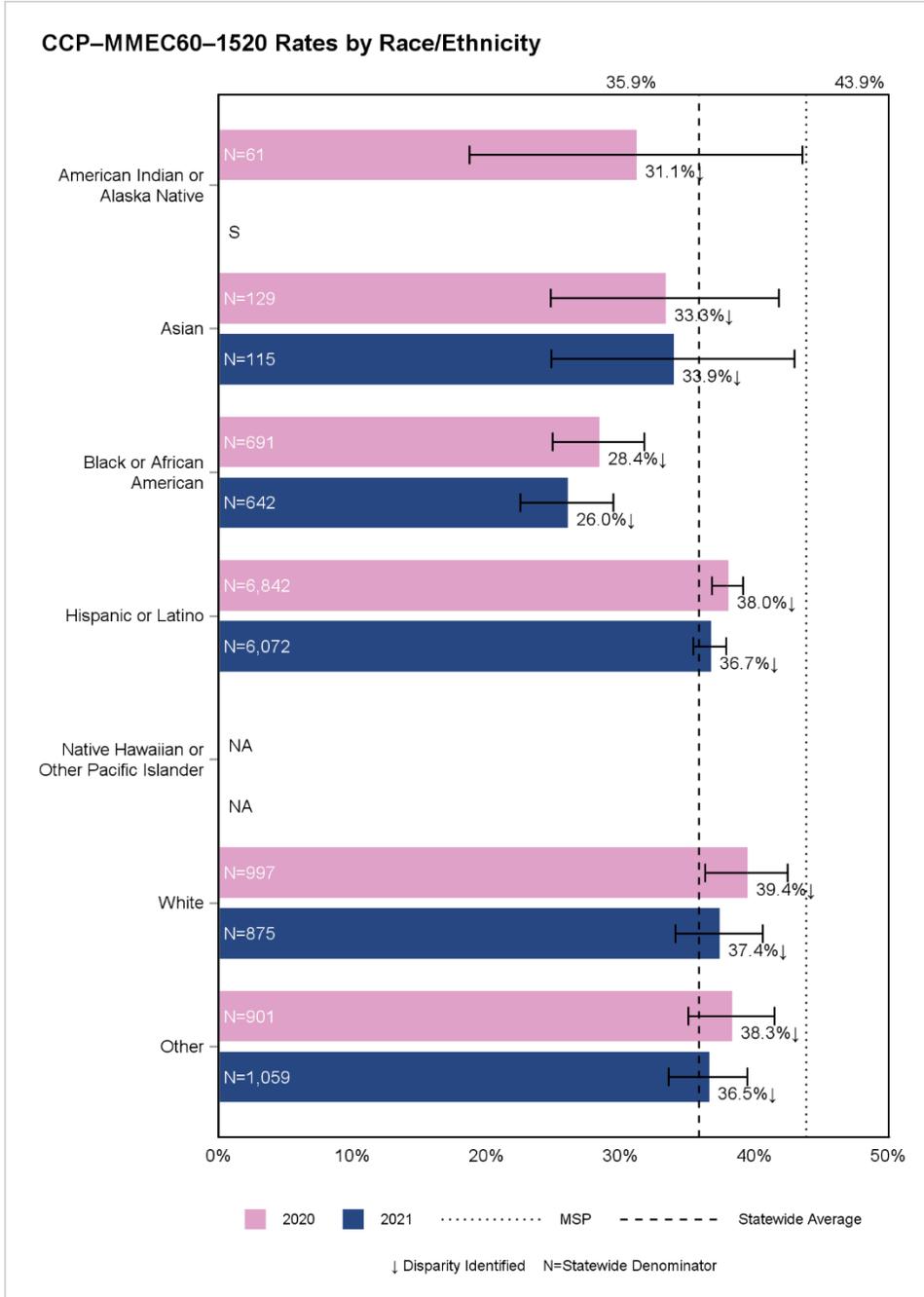


Figure C.90—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 43.9 percent.

The statewide aggregate for measurement year 2020 was 37.3 percent.

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

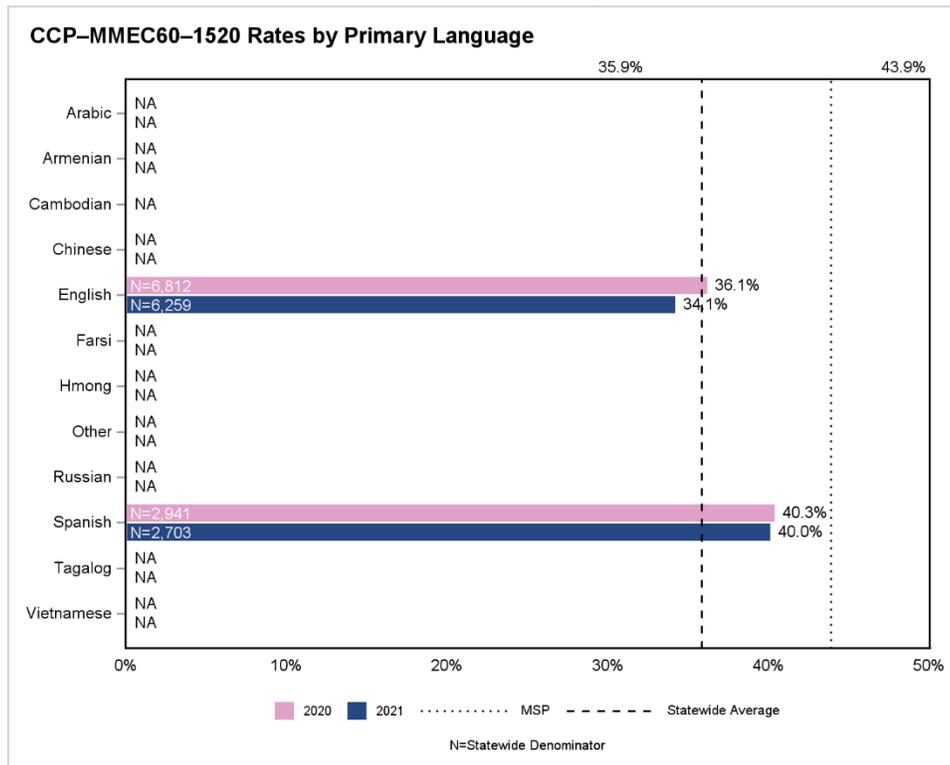
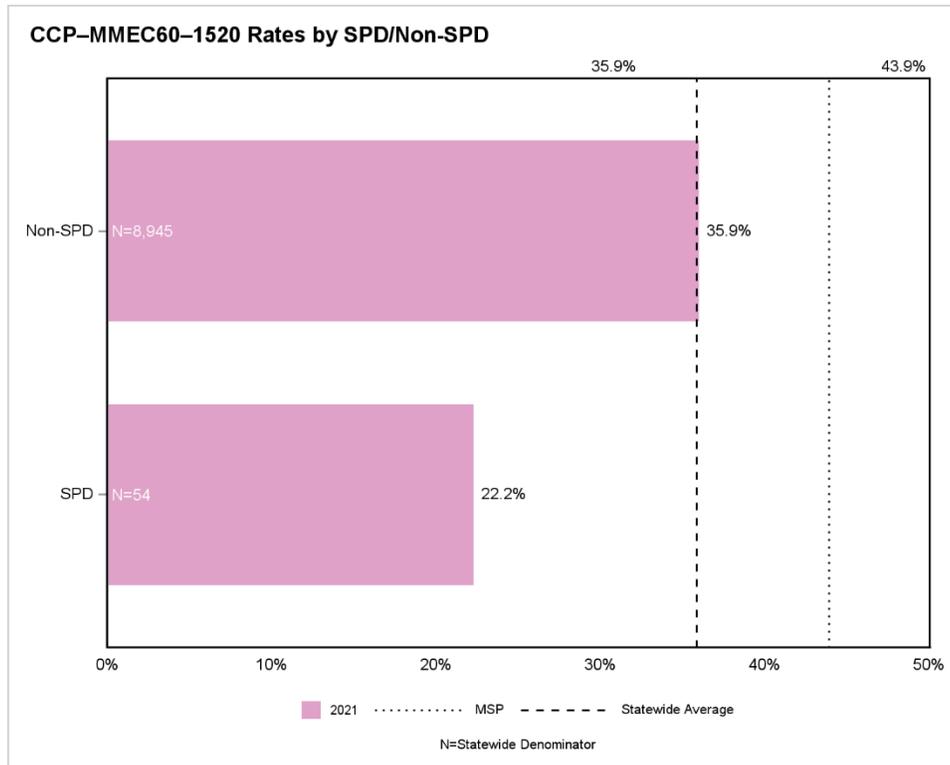


Figure C.91—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years (CCP–MMEC60–1520) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile.



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 C.92—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 35.4 percent (N=2,587) and 33.9 percent (N=2,944).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 41.6 percent.

The statewide aggregate for measurement year 2020 was 36.7 percent.

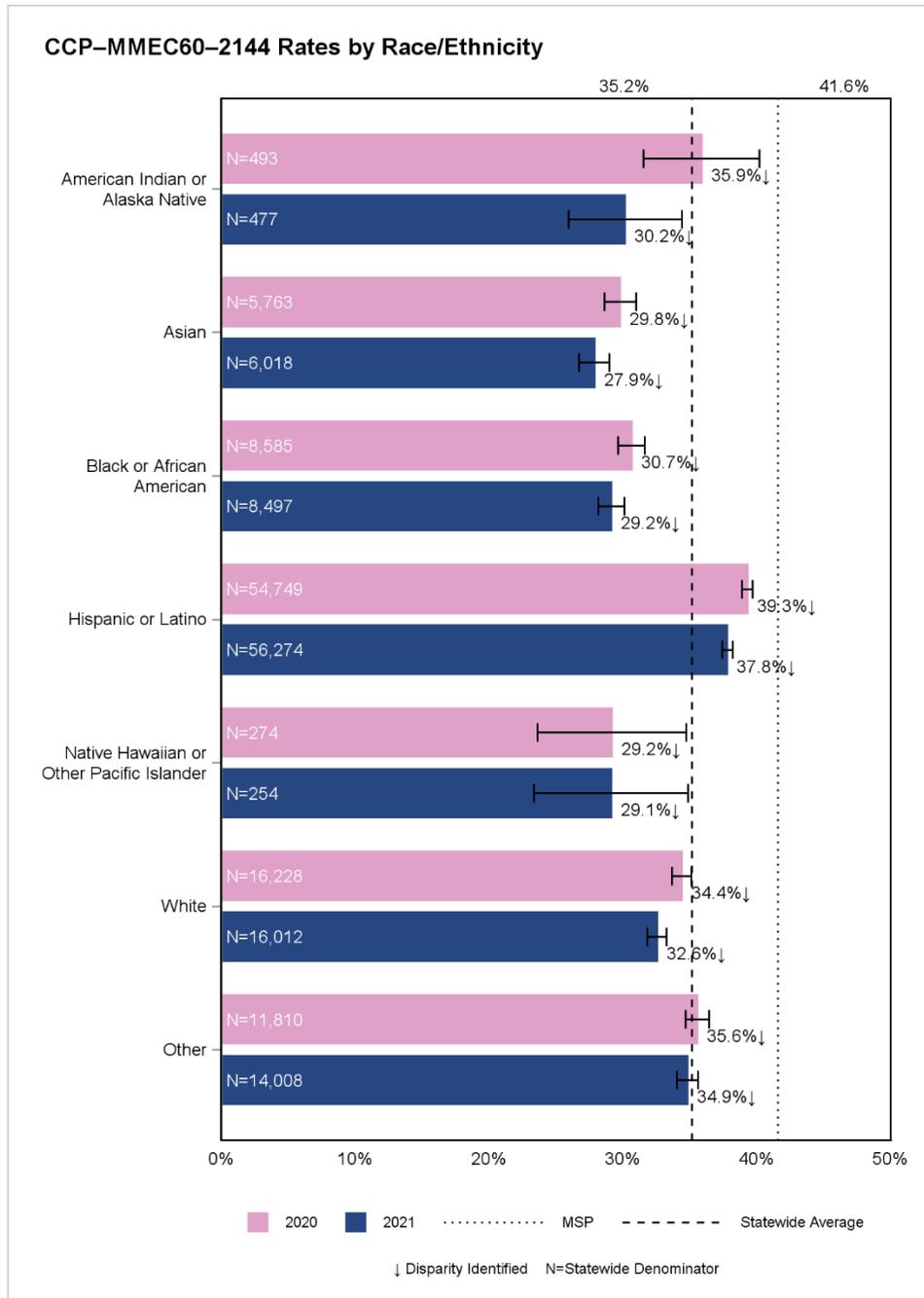


Figure C.93—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 41.6 percent.

The statewide aggregate for measurement year 2020 was 36.7 percent.

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.

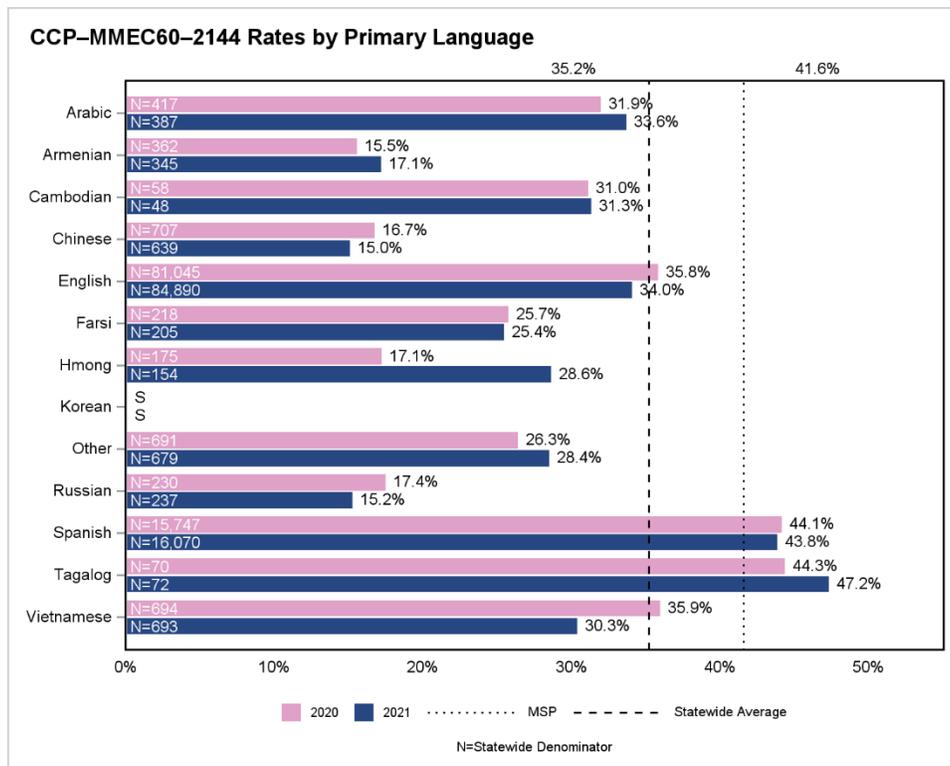
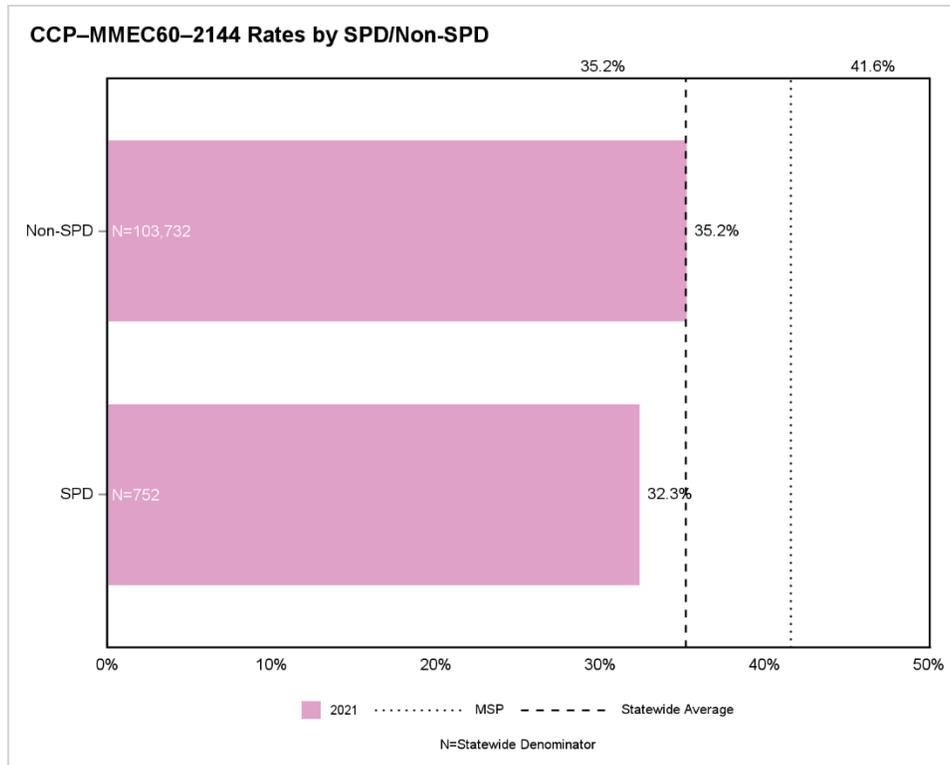


Figure C.94—Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years (CCP–MMEC60–2144) Rates by SPD/Non-SPD

Note: The median state performance rate represents the 50th percentile.



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 C.95—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 80.5 percent (N=518) and 83.6 percent (N=409), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 76.4 percent and 84.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 80.5 percent.

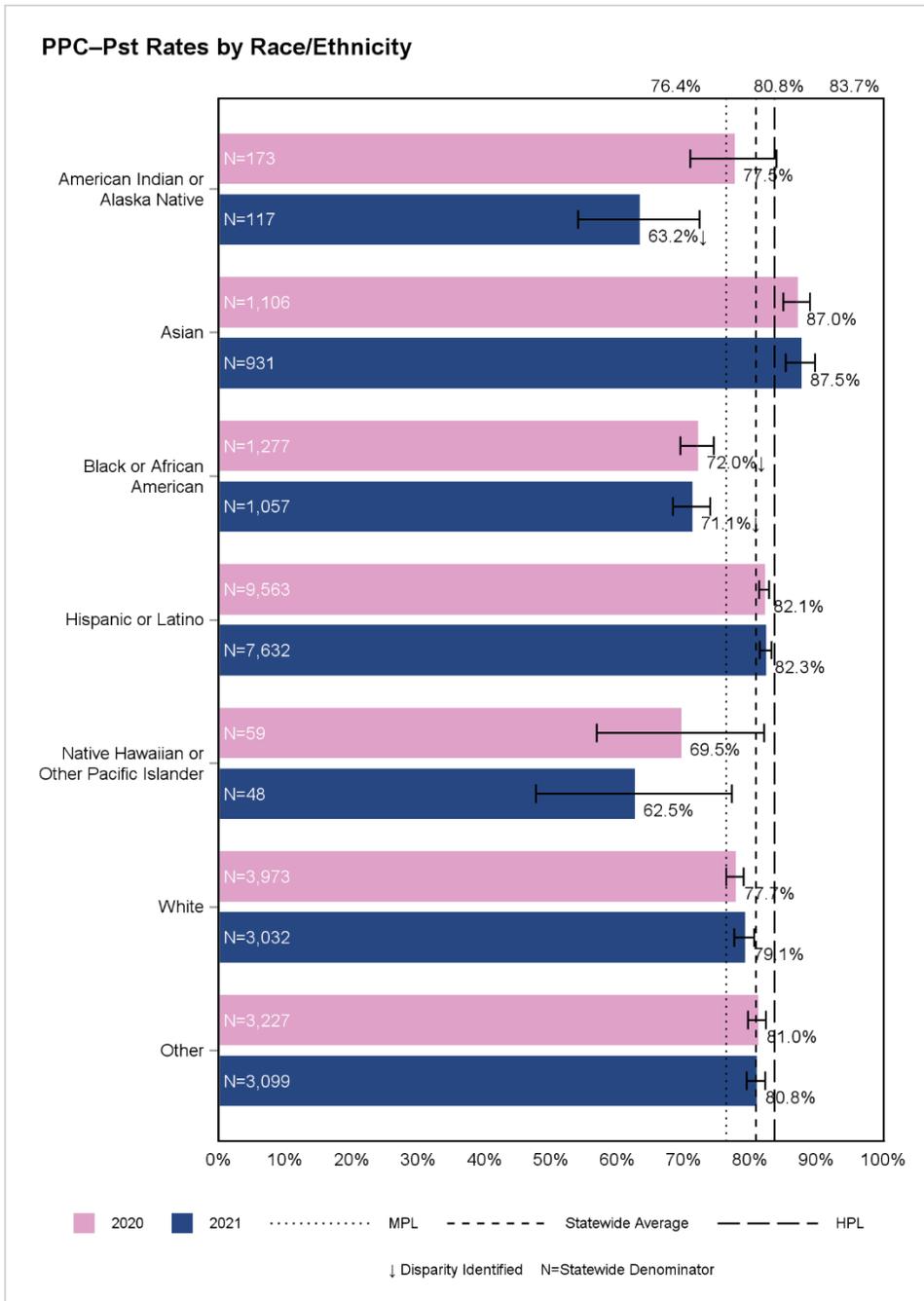


Figure C.96—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 76.4 percent and 84.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 80.5 percent.

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

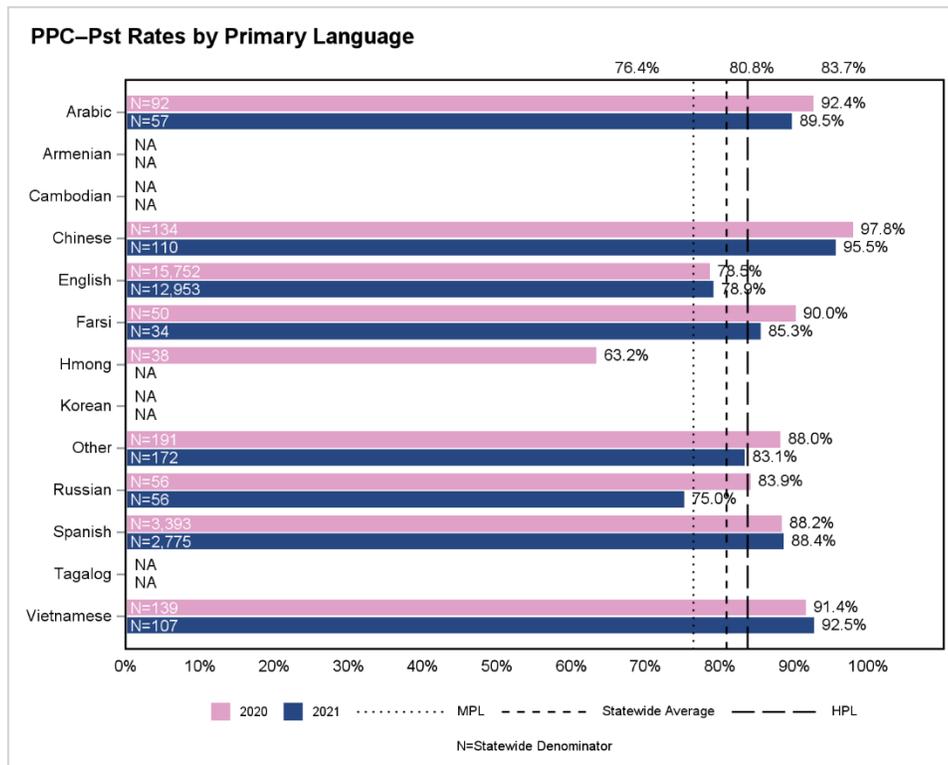


Figure C.97—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 76.4 percent and 84.2 percent, respectively.

The statewide aggregate for measurement year 2020 was 80.5 percent.

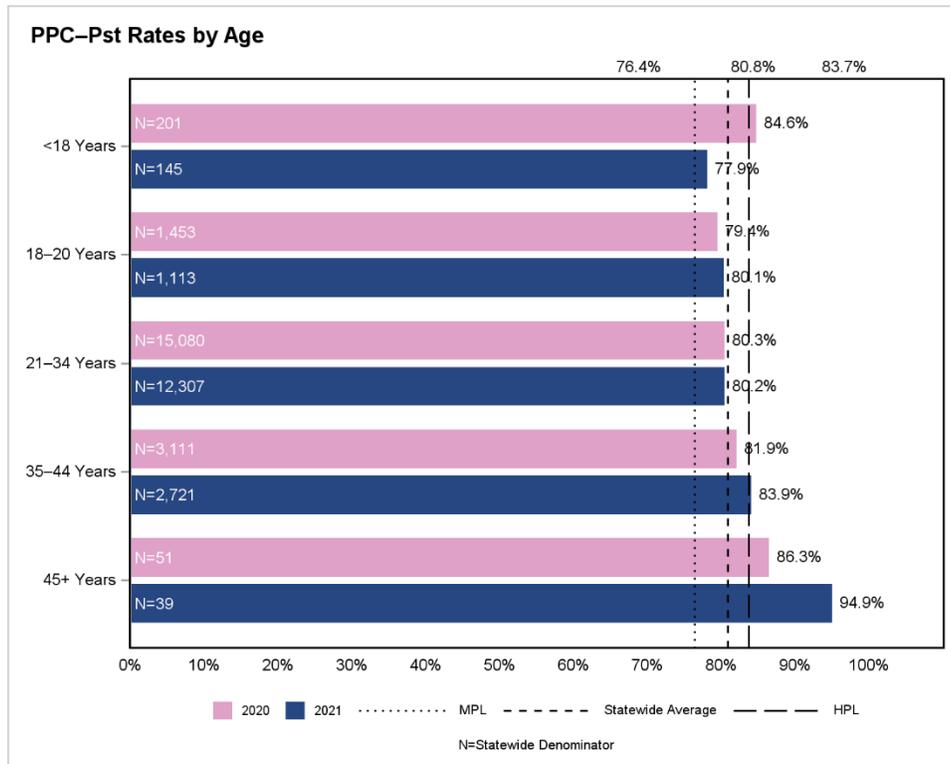
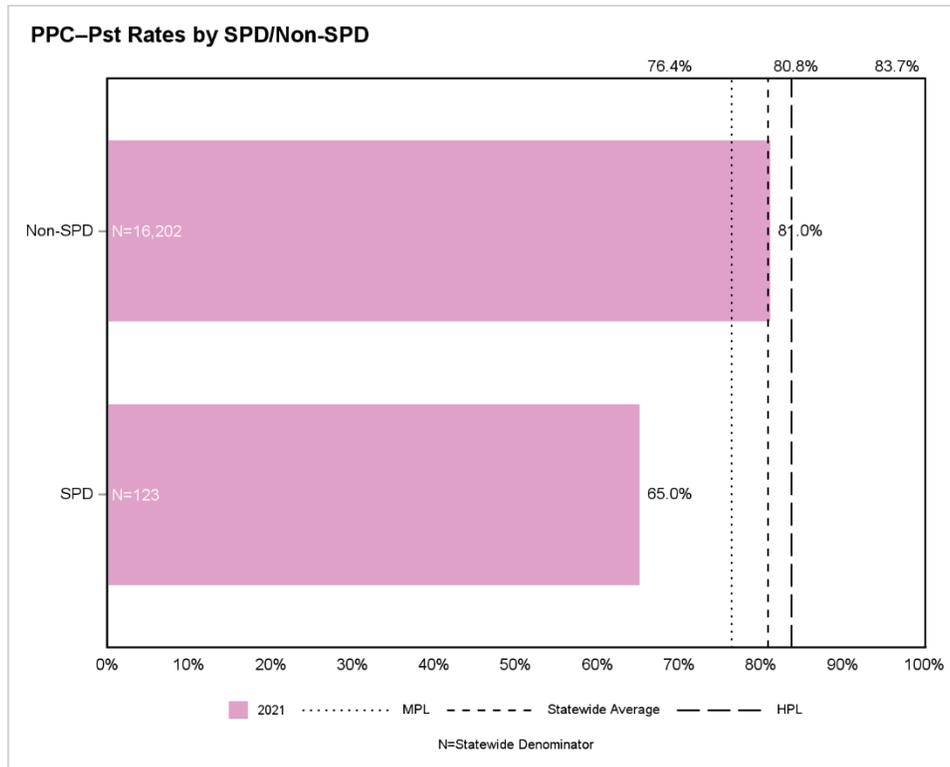


Figure C.98—Prenatal and Postpartum Care—Postpartum Care (PPC–Pst) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.99—Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 87.6 percent (N=518) and 89.5 percent (N=409), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 89.1 percent and 95.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 87.6 percent.

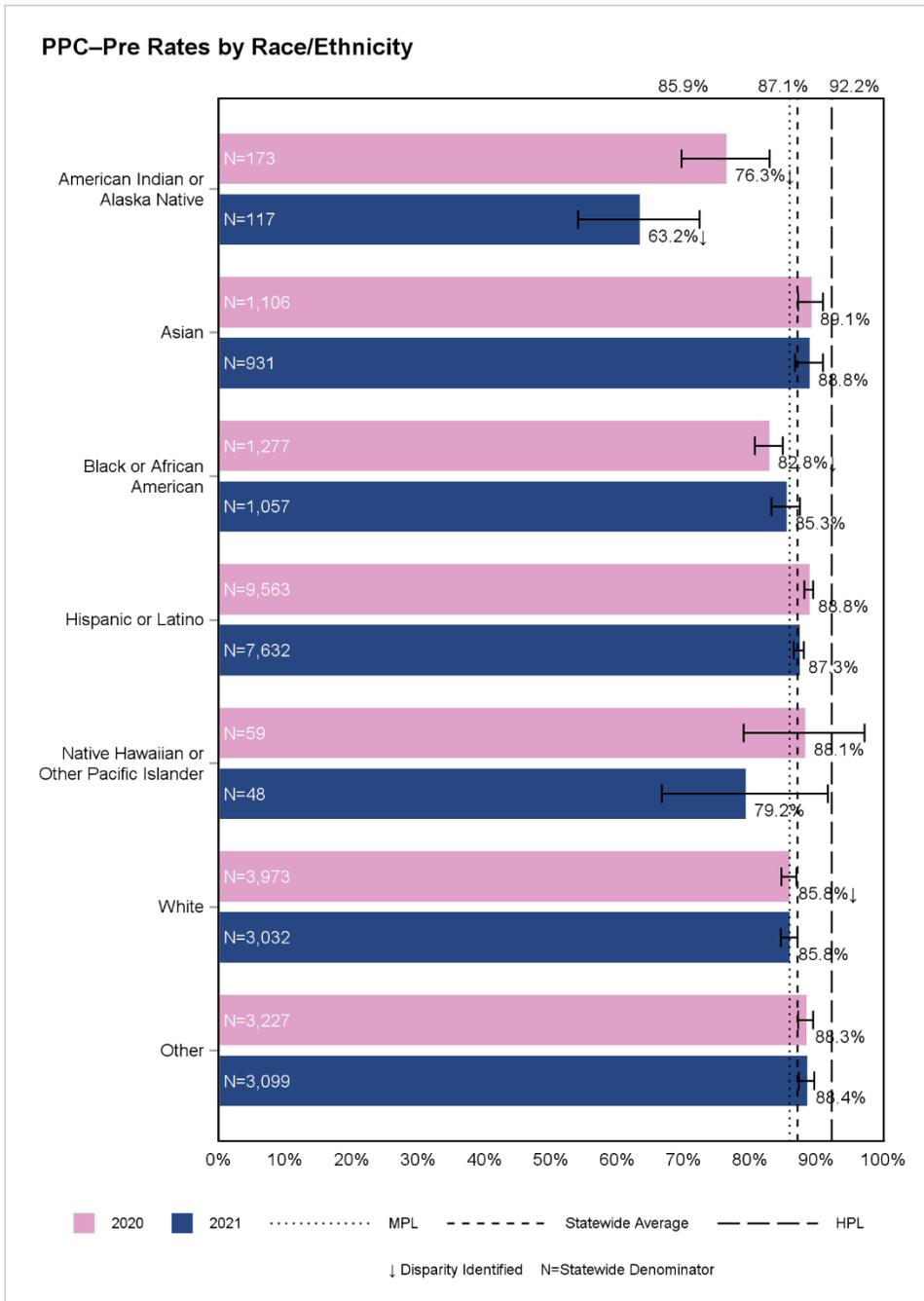


Figure C.100—Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 89.1 percent and 95.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 87.6 percent.

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

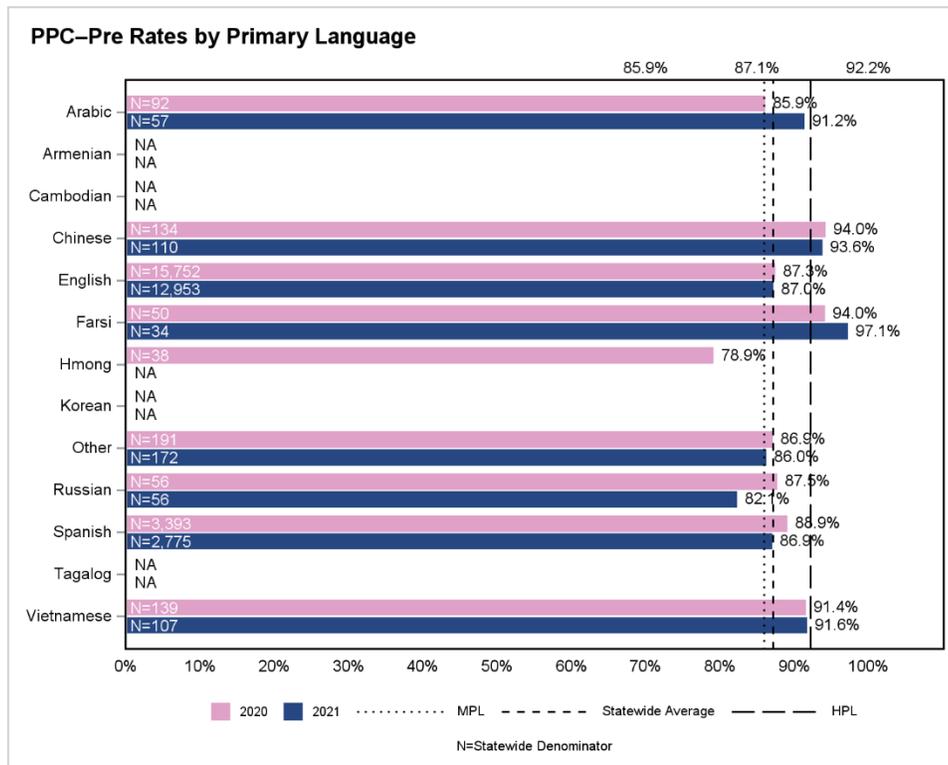


Figure C.101—Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 89.1 percent and 95.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 87.6 percent.

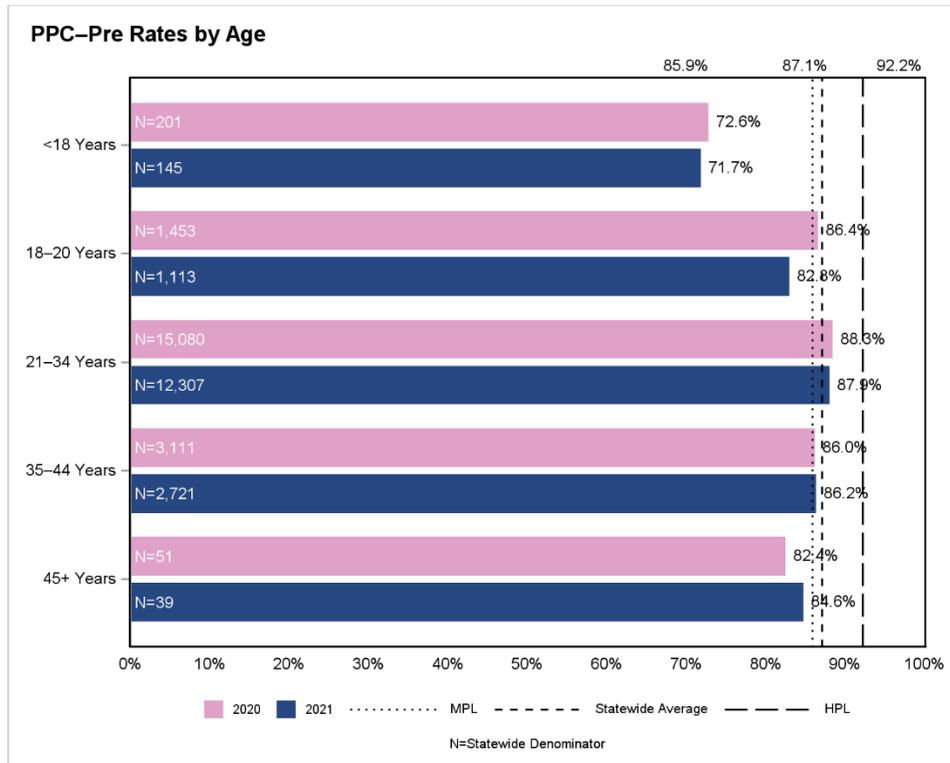
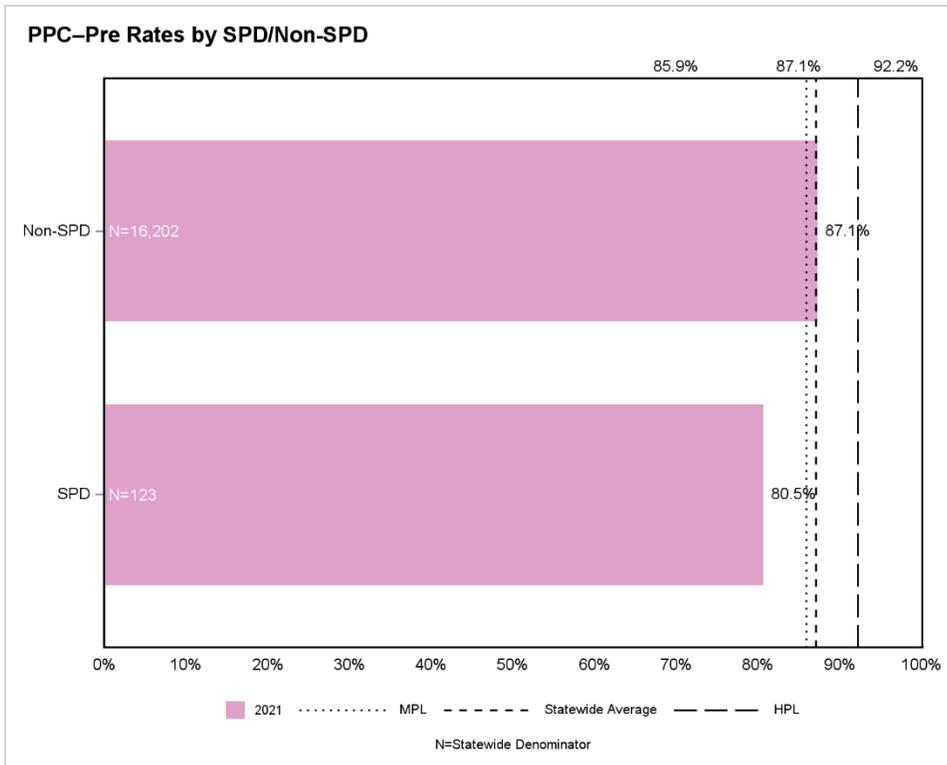


Figure C.102—Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Behavioral Health Domain

Figure C.103 through Figure C.165 display the demographic stratification results for the Behavioral Health domain.

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

The *Antidepressant Medication Management—Effective Acute Phase Treatment—Total (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 C.103—Antidepressant Medication Management—Effective Acute Phase Treatment—Total (AMM—Acute) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 62.9 percent (N=3,527) and 69.6 percent (N=3,706), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 53.6 percent and 64.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 60.0 percent.

AMM—Acute Rates by Race/Ethnicity

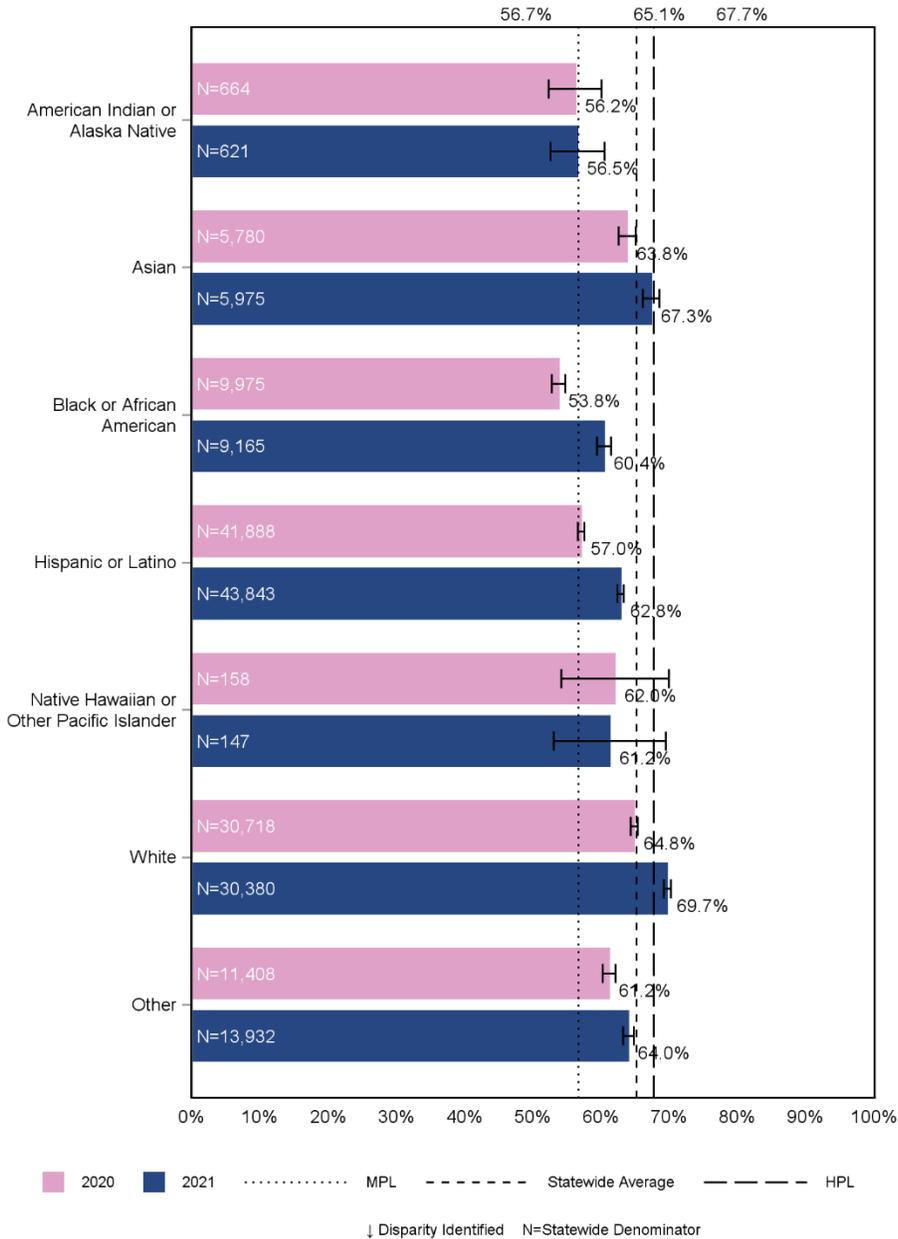


Figure C.104—Antidepressant Medication Management—Effective Acute Phase Treatment—Total (AMM–Acute) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 76.3 percent (N=190) and 71.7 percent (N=145), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 53.6 percent and 64.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 60.0 percent.

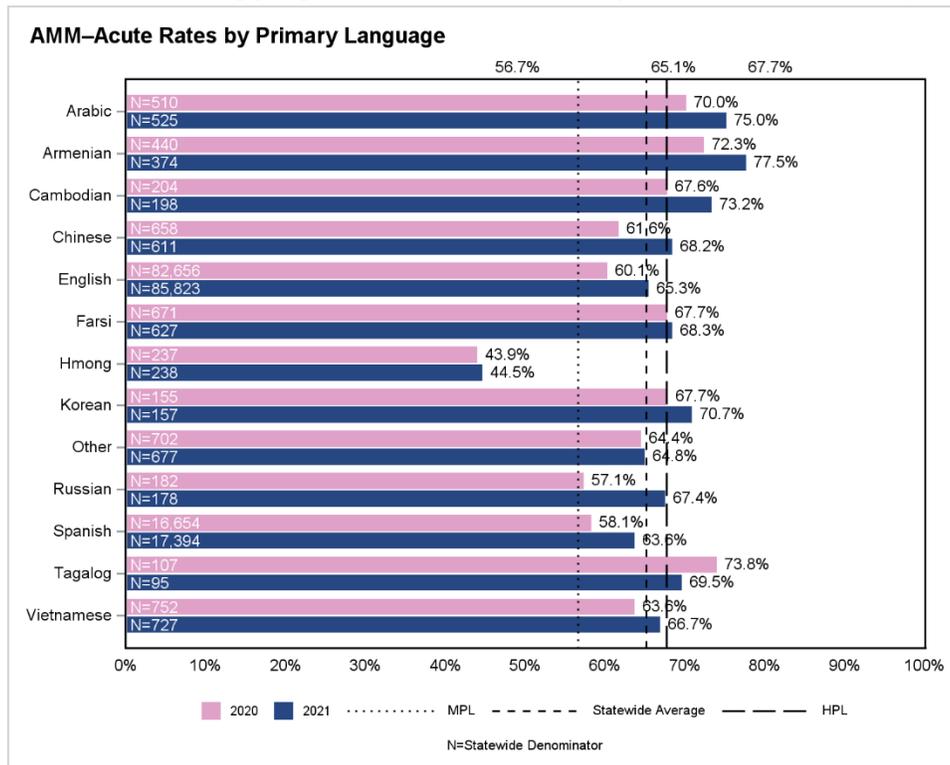


Figure C.105—Antidepressant Medication Management—Effective Acute Phase Treatment—Total (AMM–Acute) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 53.6 percent and 64.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 60.0 percent.

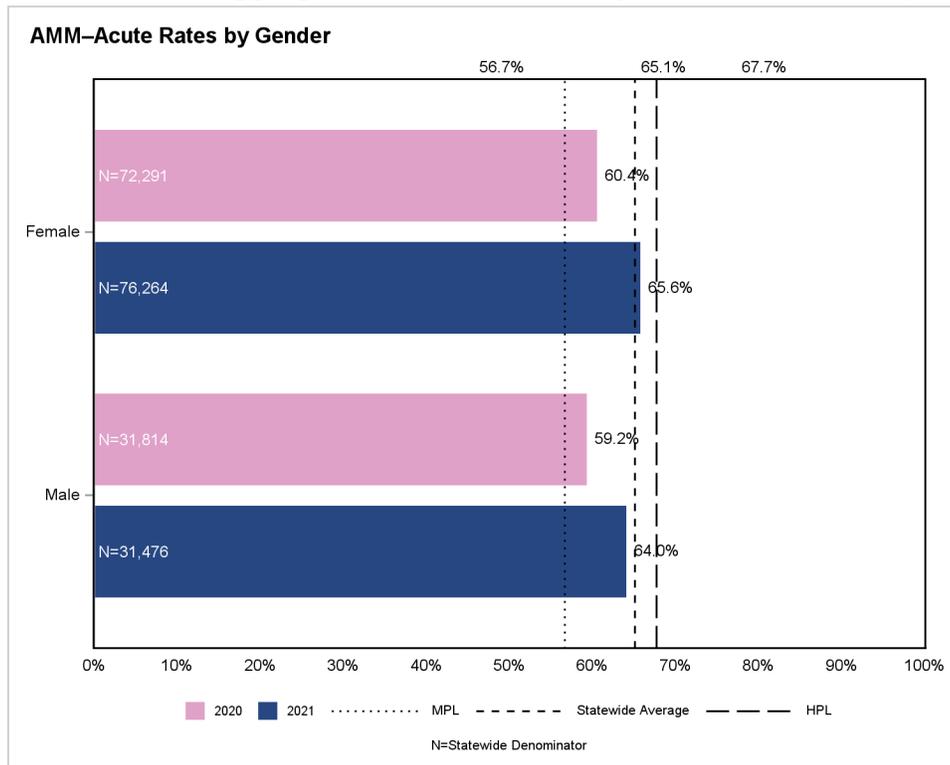
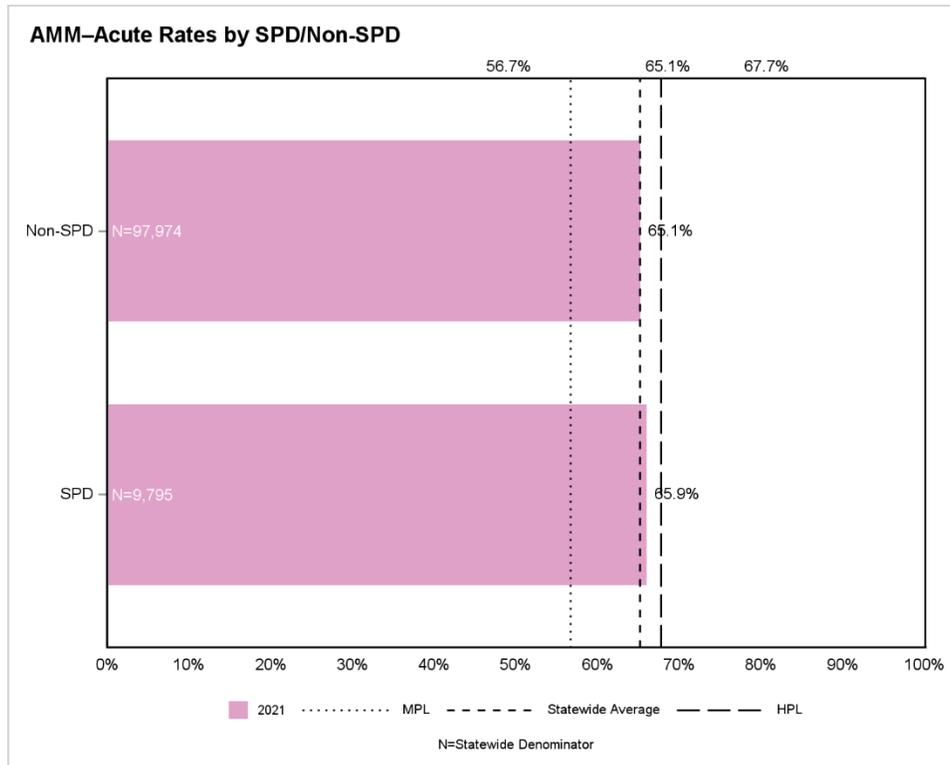


Figure C.106—Antidepressant Medication Management—Effective Acute Phase Treatment—Total (AMM–Acute) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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

The *Antidepressant Medication Management—Effective Continuation Phase Treatment—Total (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 C.107—Antidepressant Medication Management—Effective Continuation Phase Treatment—Total (AMM–Cont) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 46.0 percent (N=3,527) and 56.0 percent (N=3,706), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 38.2 percent and 49.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 43.1 percent.

AMM-Cont Rates by Race/Ethnicity

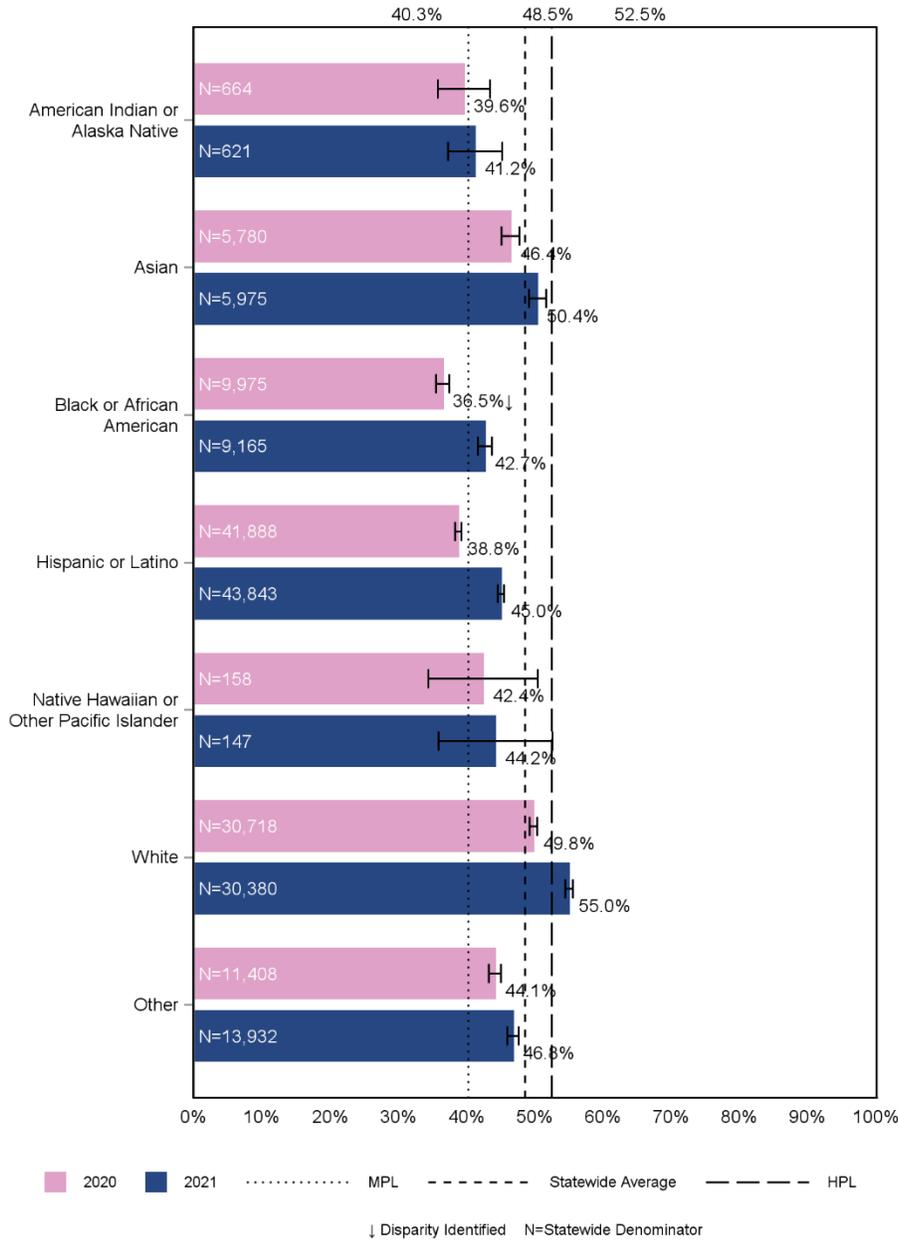


Figure C.108—Antidepressant Medication Management—Effective Continuation Phase Treatment—Total (AMM–Cont) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 56.3 percent (N=190) and 57.2 percent (N=145), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 38.2 percent and 49.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 43.1 percent.

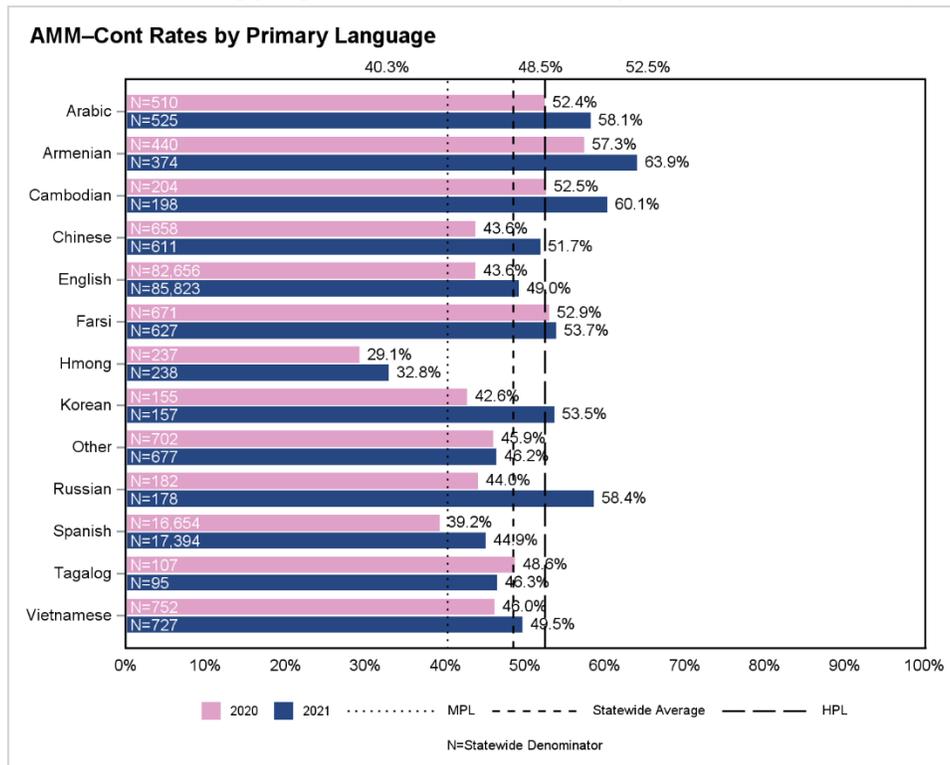


Figure C.109—Antidepressant Medication Management—Effective Continuation Phase Treatment—Total (AMM–Cont) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 38.2 percent and 49.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 43.1 percent.

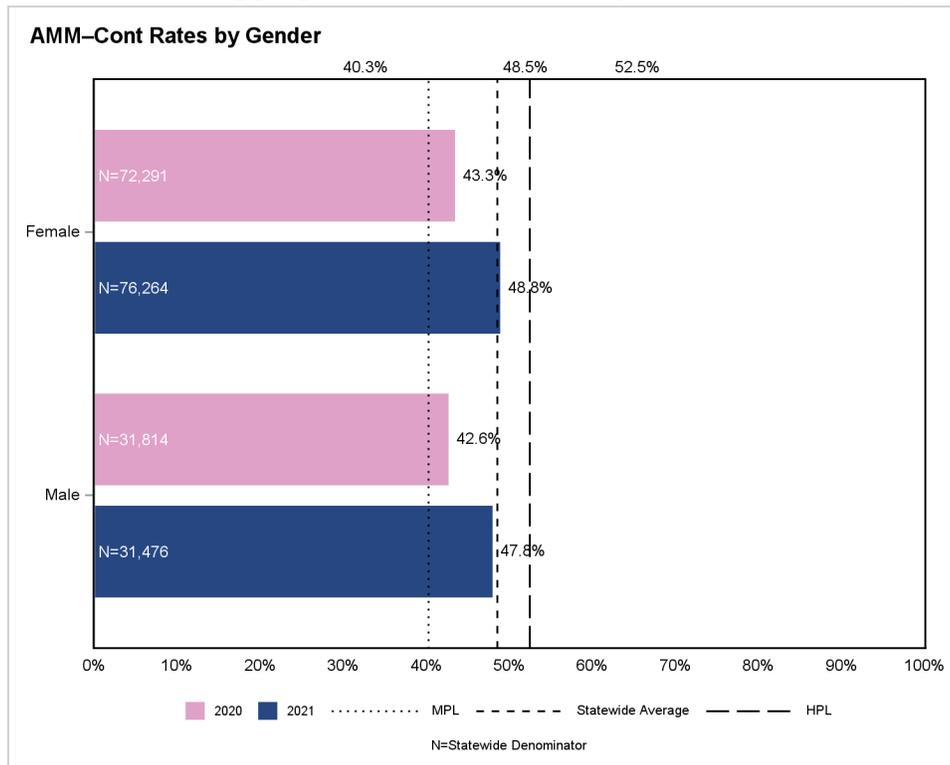
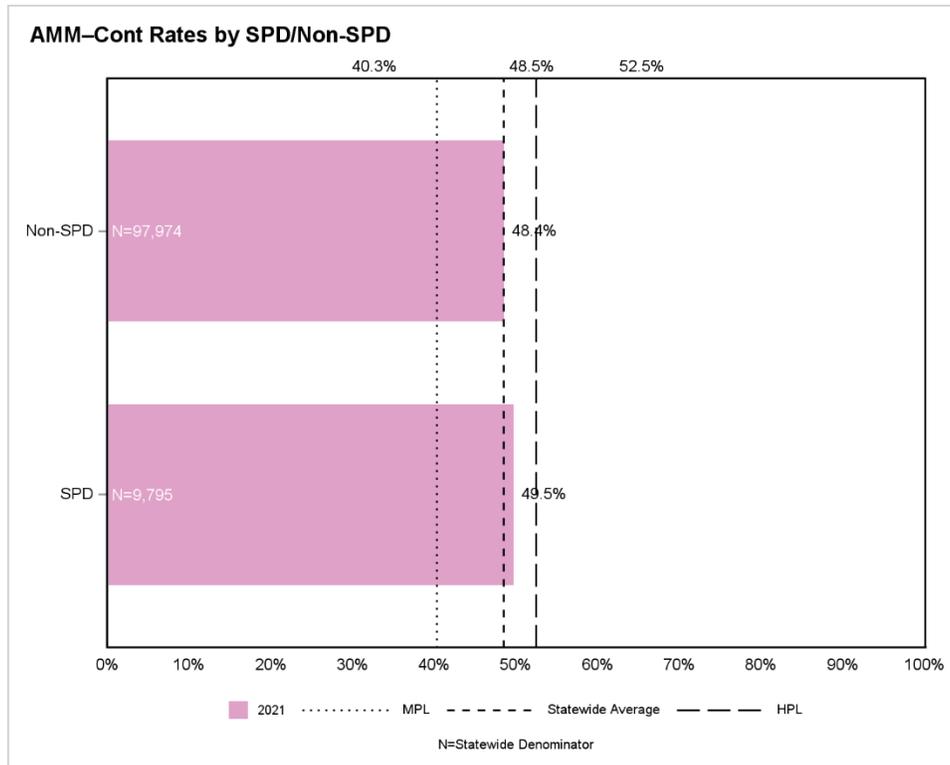


Figure C.110—Antidepressant Medication Management—Effective Continuation Phase Treatment—Total (AMM–Cont) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.111—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 74.9 percent (N=3,136) and 78.1 percent (N=3,037), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 82.1 percent and 87.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 75.7 percent.

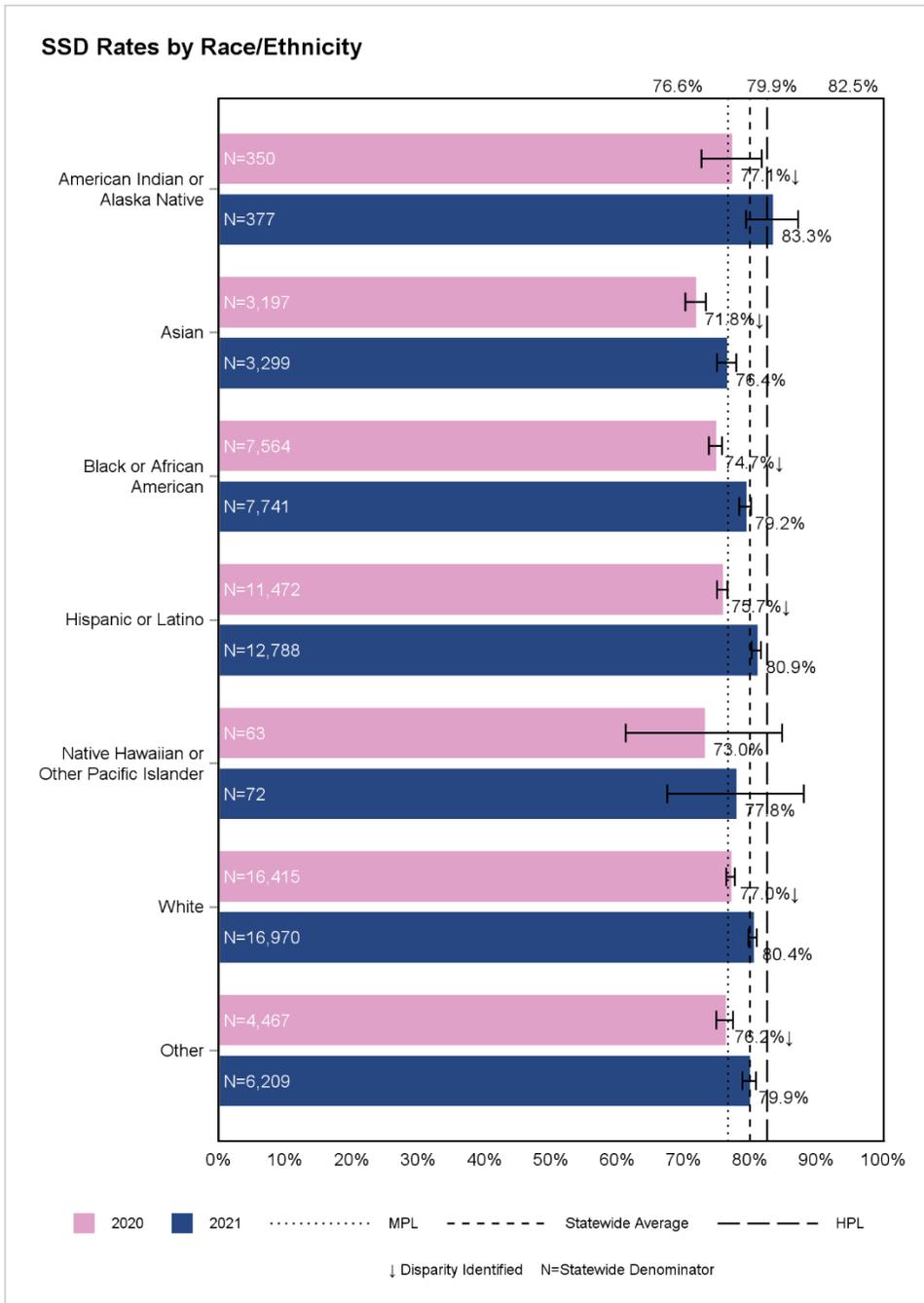


Figure C.112—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 72.8 percent (N=1,338) and 78.3 percent (N=1,140), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 82.1 percent and 87.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 75.7 percent.

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

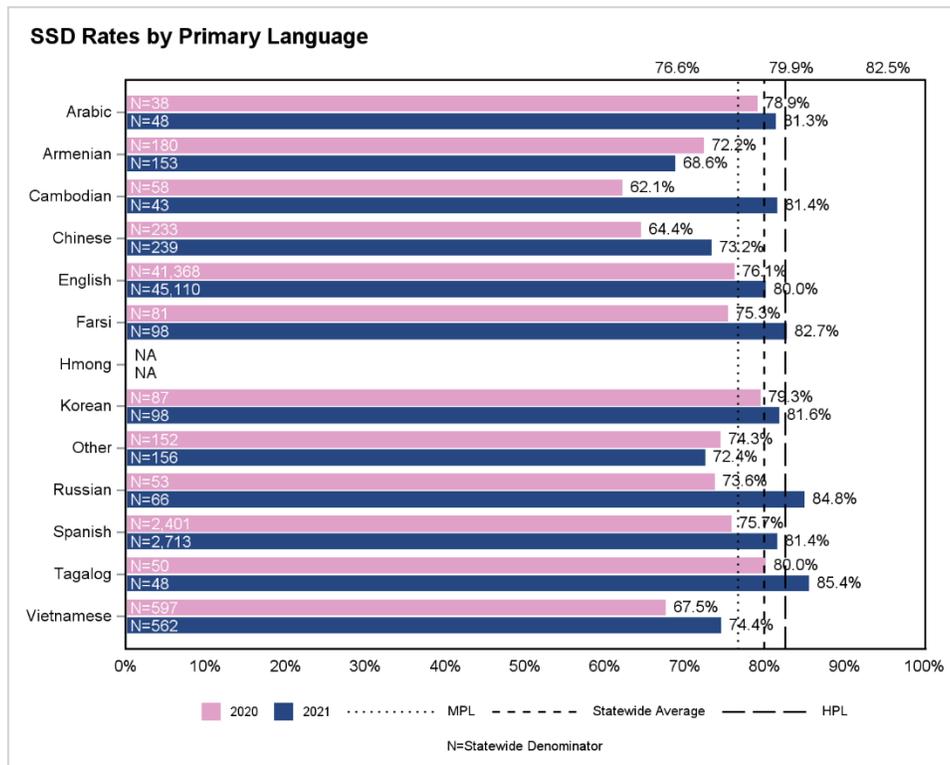


Figure C.113—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 82.1 percent and 87.9 percent, respectively.

The statewide aggregate for measurement year 2020 was 75.7 percent.

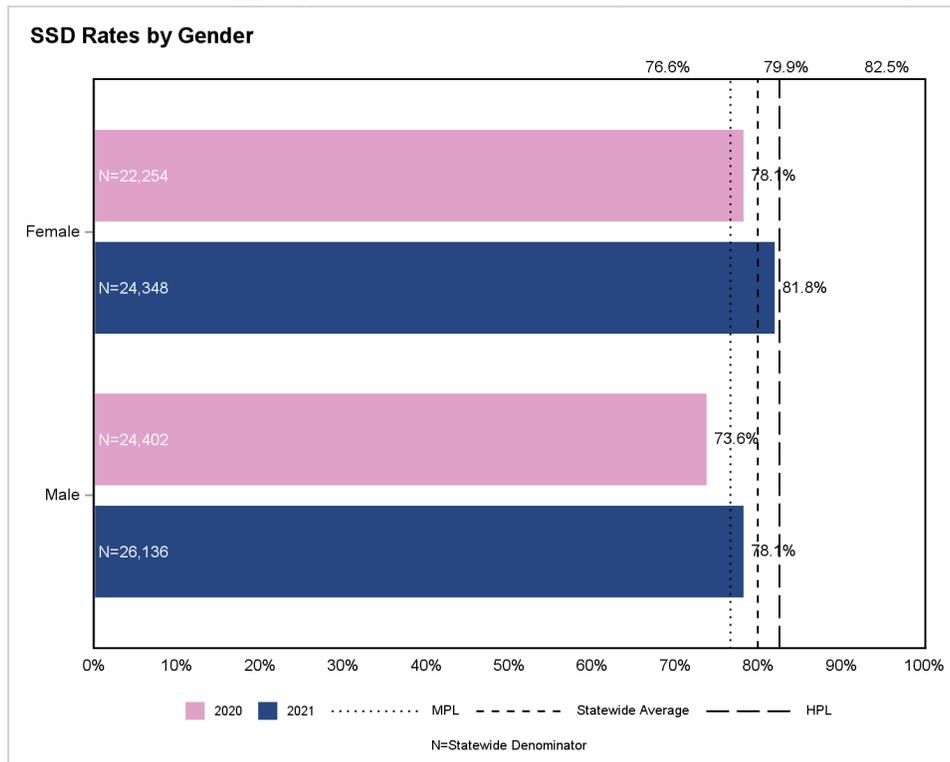
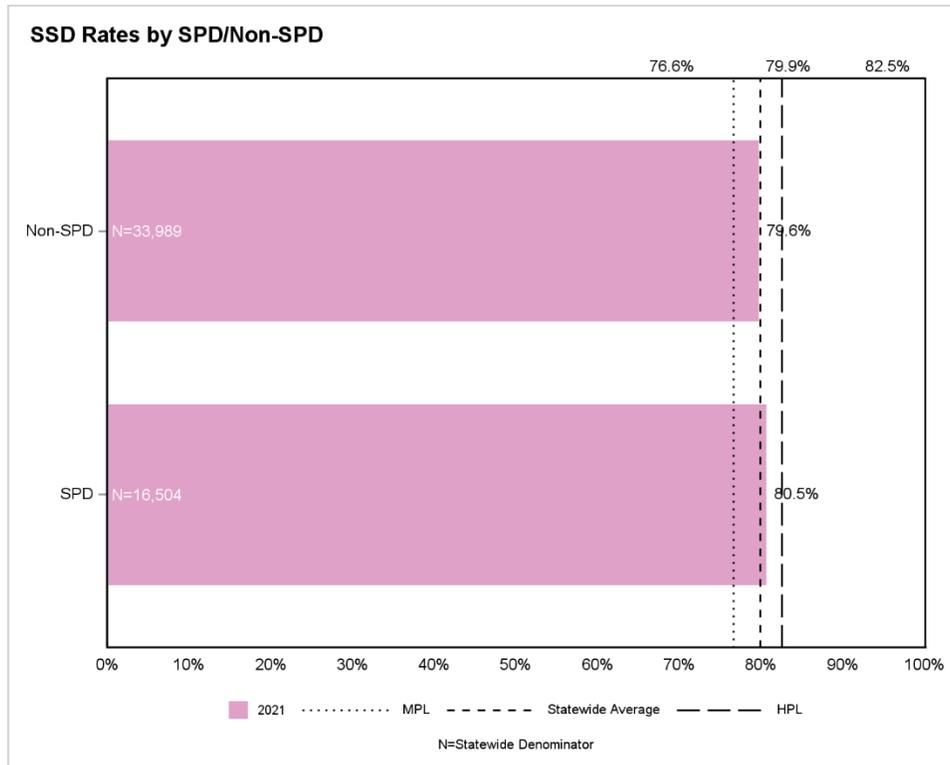


Figure C.114—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are using Antipsychotic Medications (SSD) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7)

The *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7)* indicator measures the percentage of emergency department visits among members ages 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 7 days of the emergency department visit.

Figure C.115—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 5.7 percent (N=1,715).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: Asian (1,110), Black or African American (5,568), Hispanic or Latino (16,902), White (16,733), and Other (7,589).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

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.

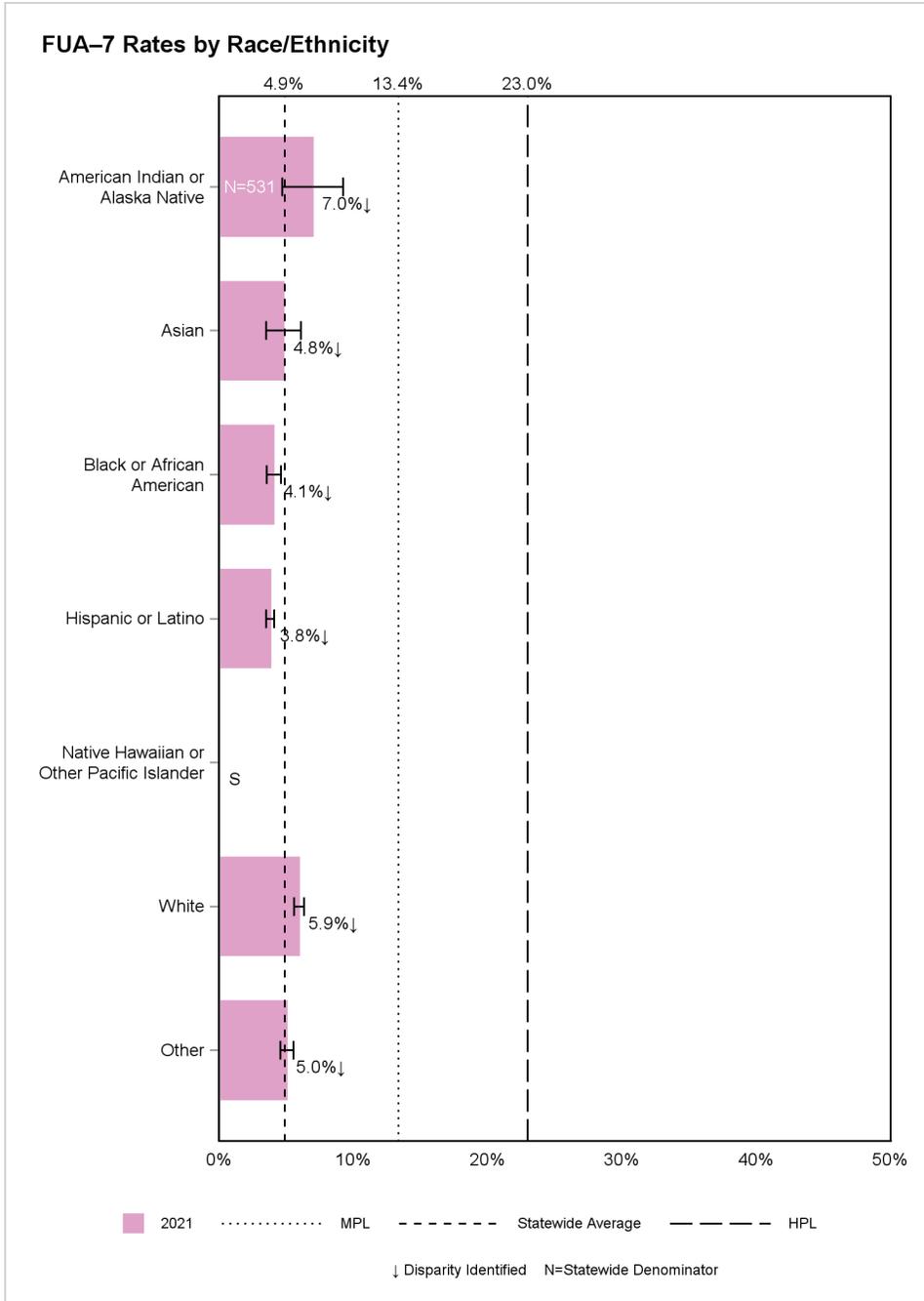


Figure C.116—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7) Rates by Primary Language

Note: The measurement year 2021 rate for the Unknown/Missing group was suppressed due to a small numerator.

The following are the measurement year 2021 denominator sizes for select primary language groups: English (46,074) and Spanish (3,687).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

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 (HIPPA) Privacy Rule’s de-identification standard.

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

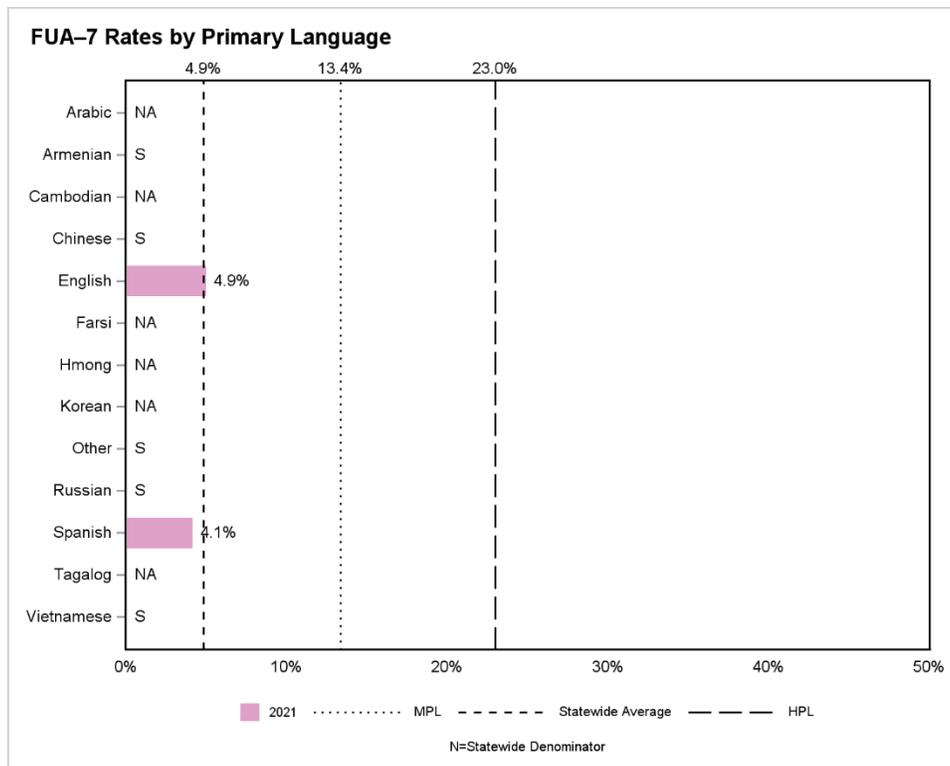


Figure C.117—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7) Rates by Age

Note: The following are the measurement year 2021 denominator sizes for select Age groups: 13–17 Years (1,305) and 18–64 Years (48,384).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

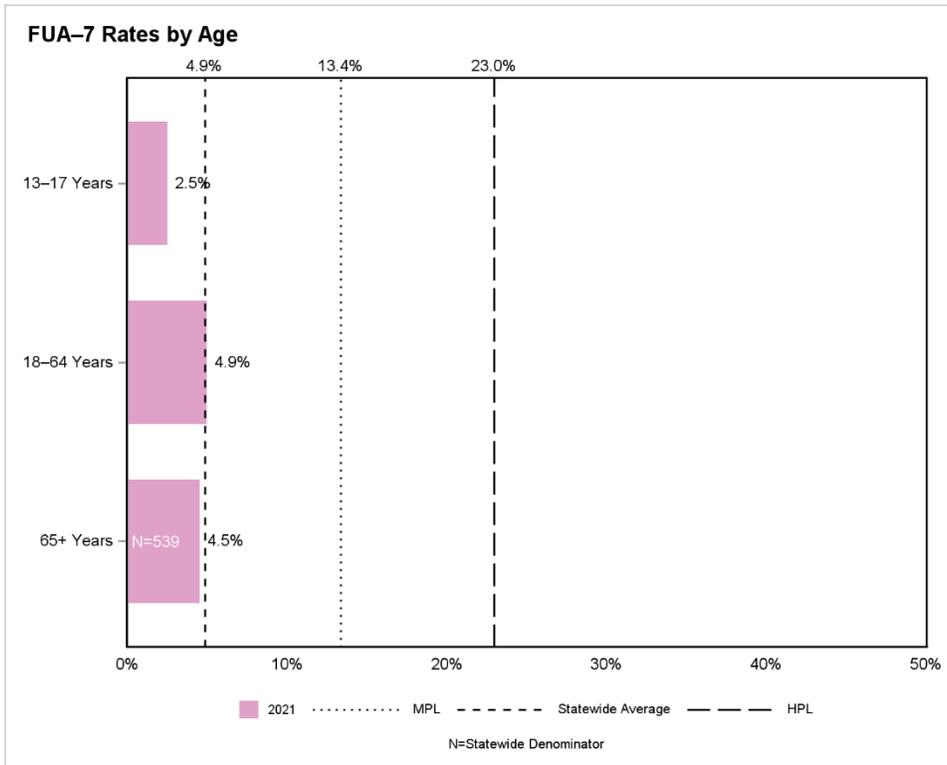


Figure C.118—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7) Rates by Gender

Note: The measurement year 2021 rate for the Unknown/Missing group was suppressed due to a small denominator.

The following are the measurement year 2021 denominator sizes for select Genders: Female (17,197) and Male (33,026).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

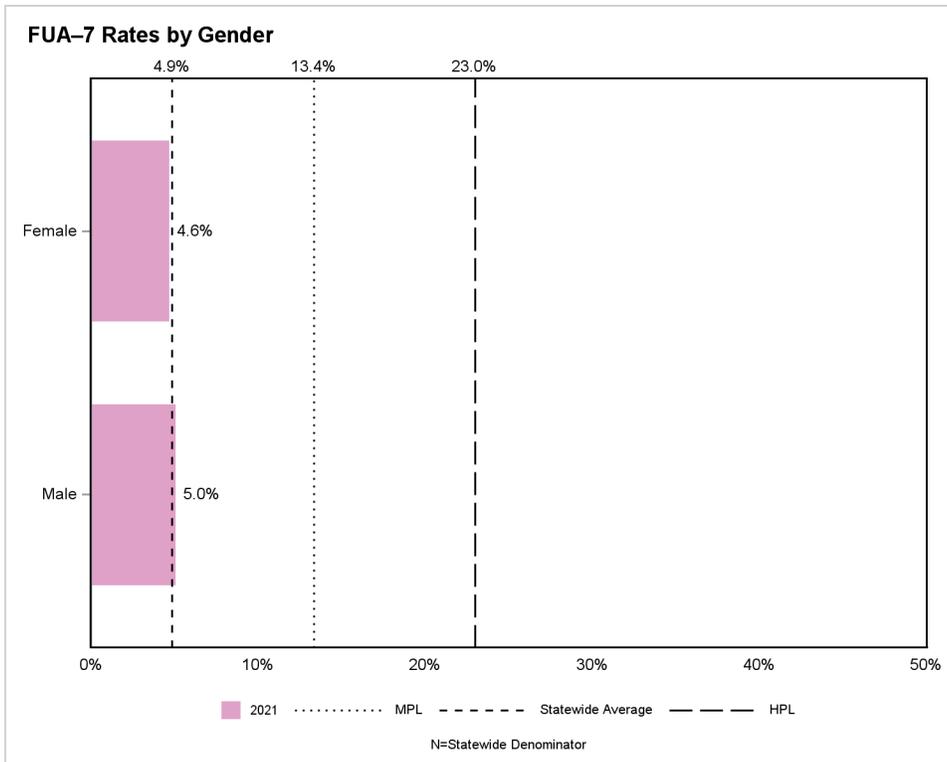
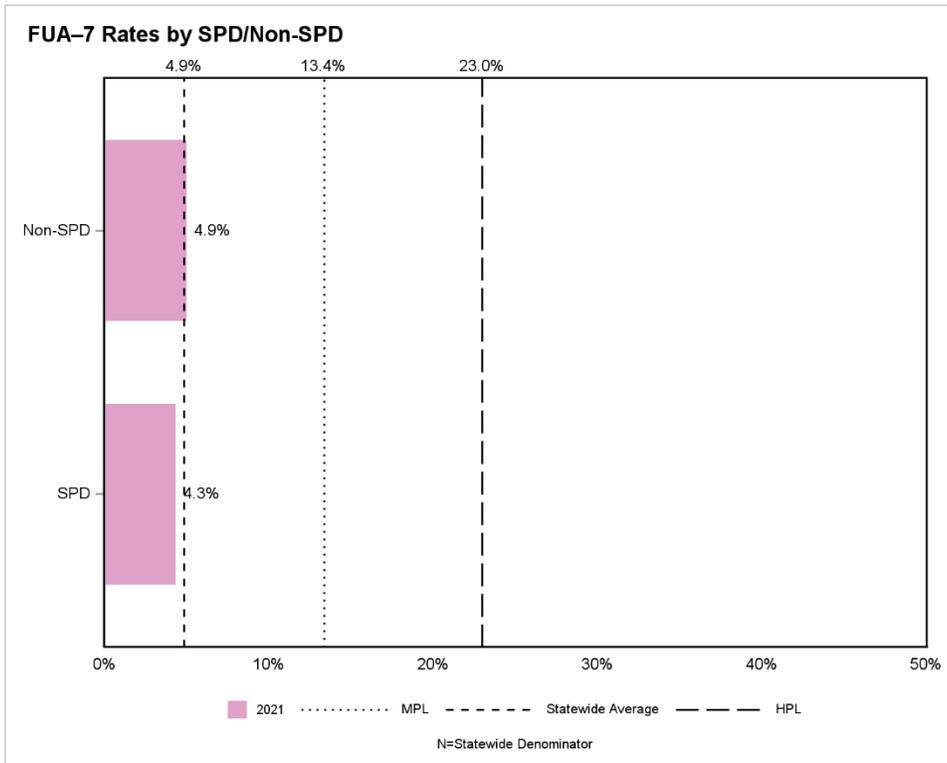


Figure C.119—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total (FUA-7) Rates by SPD/Non-SPD

Note: The following are the measurement year 2021 denominator sizes for select SPD/Non-SPD groups: Non-SPD (45,069) and SPD (5,159).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30)

The *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30)* indicator measures the percentage of emergency department visits among members ages 13 years and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 30 days of the emergency department visit.

Figure C.120—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 9.2 percent (N=1,715).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

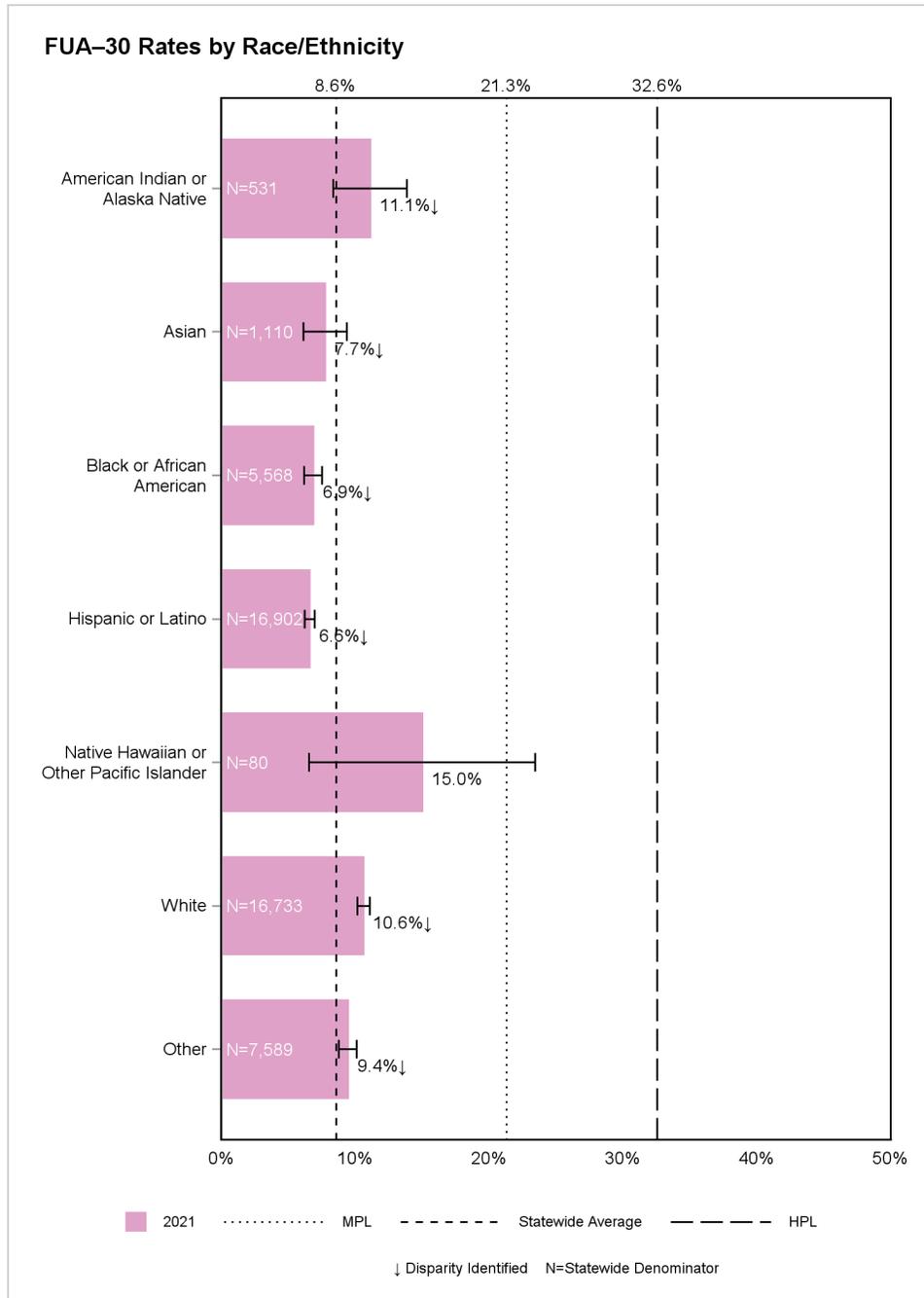


Figure C.121—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30) Rates by Primary Language

Note: The measurement year 2021 rate for the Unknown/Missing group was suppressed due to a small numerator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

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 (HIPPA) Privacy Rule’s de-identification standard.

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

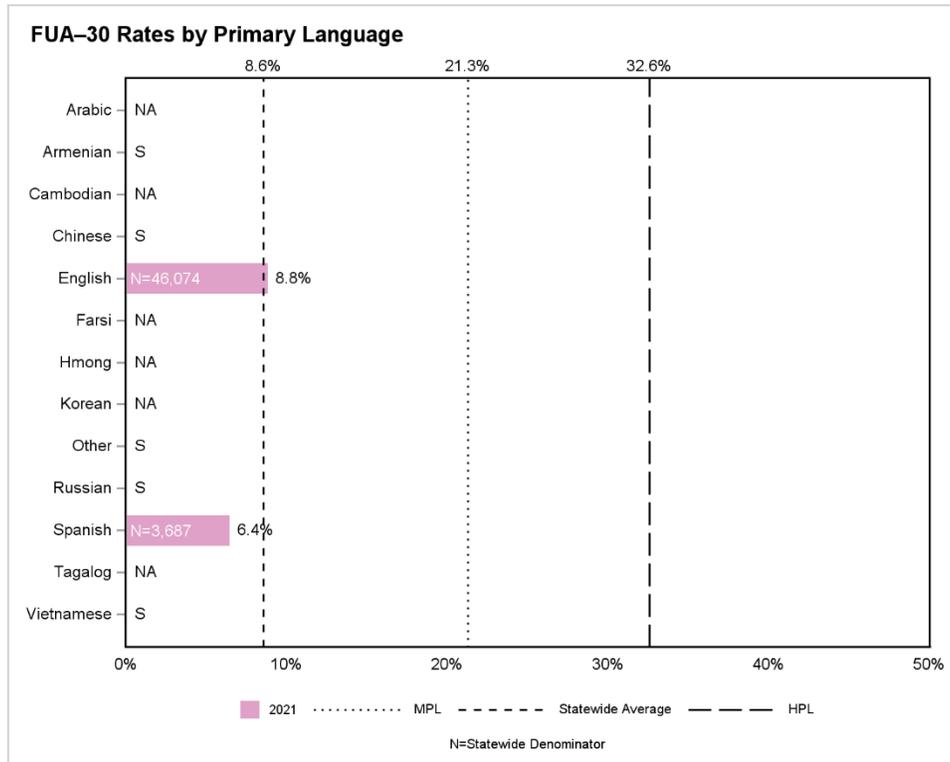


Figure C.122—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30) Rates by Age

Note: The measurement year 2021 denominator size for the 13–17 age group was 1,305. The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

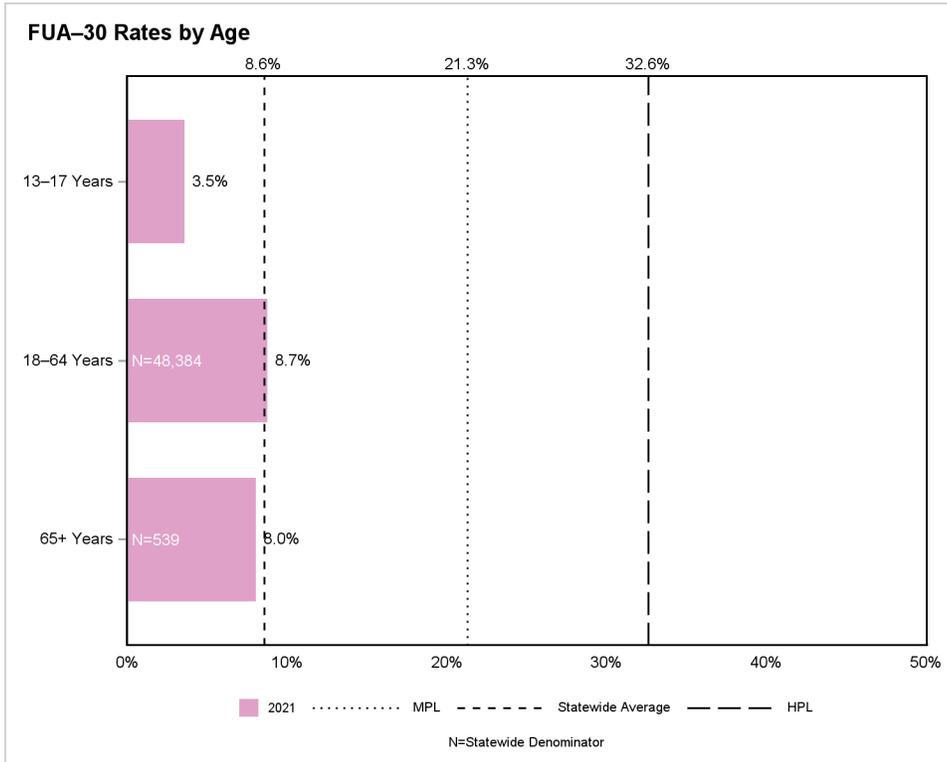


Figure C.123—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30) Rates by Gender

Note: The measurement year 2021 rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

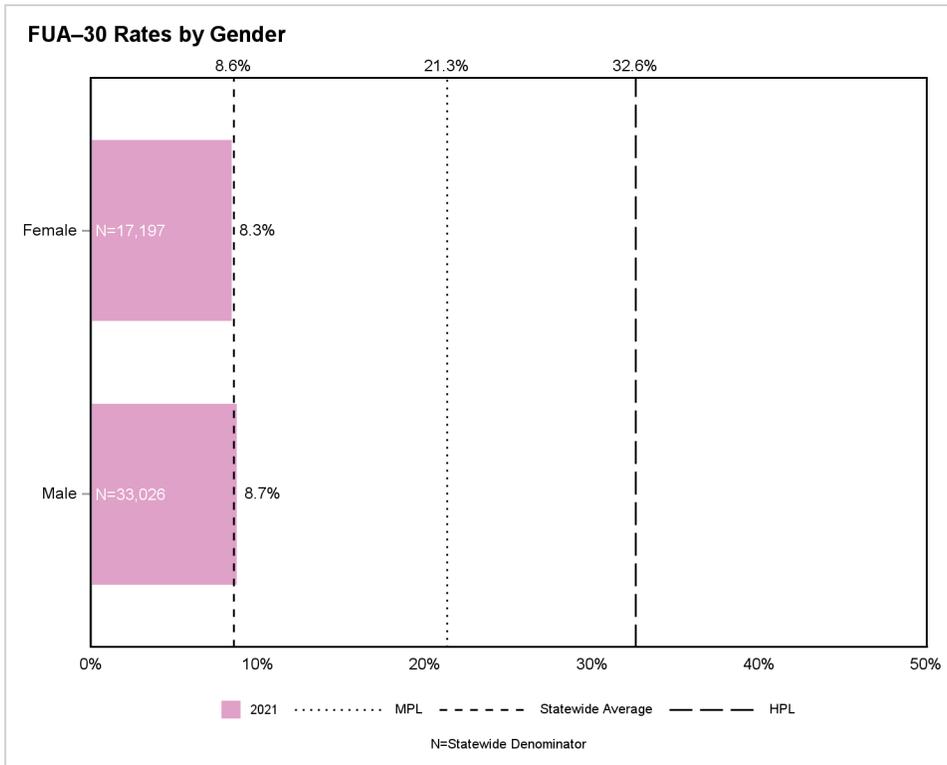
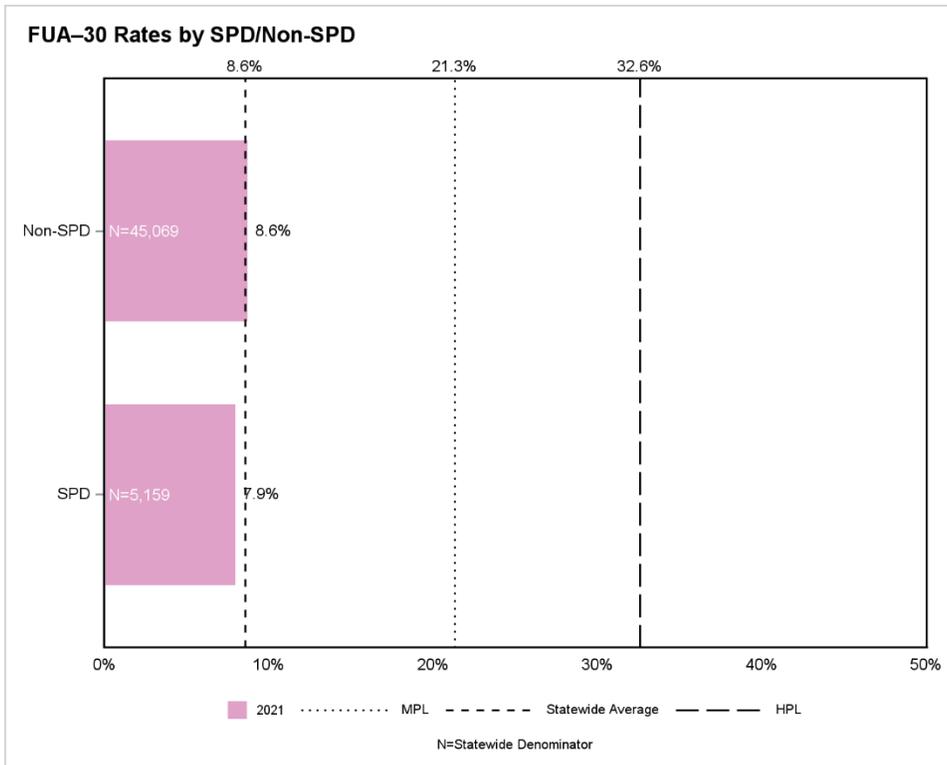


Figure C.124—Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—30-Day Follow-Up—Total (FUA-30) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)

The *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7)* indicator measures the percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 7 days of the emergency department visit.

Figure C.125—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 23.6 percent (N=2,380).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

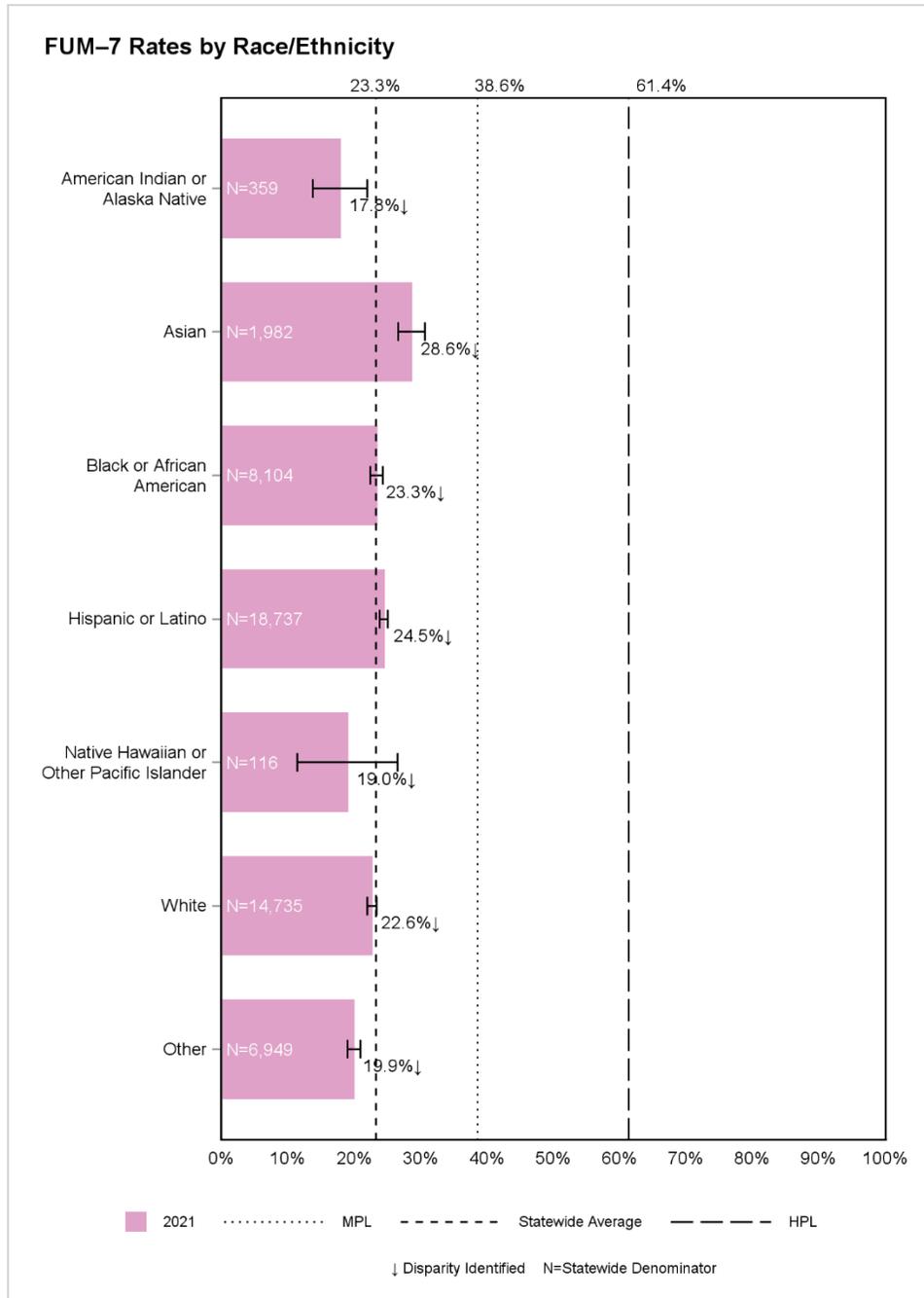


Figure C.126—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7) Rates by Primary Language

Note: The measurement year 2021 rate for the Unknown/Missing group was 27.3 percent (N=253).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

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 (HIPPA) Privacy Rule’s de-identification standard.

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

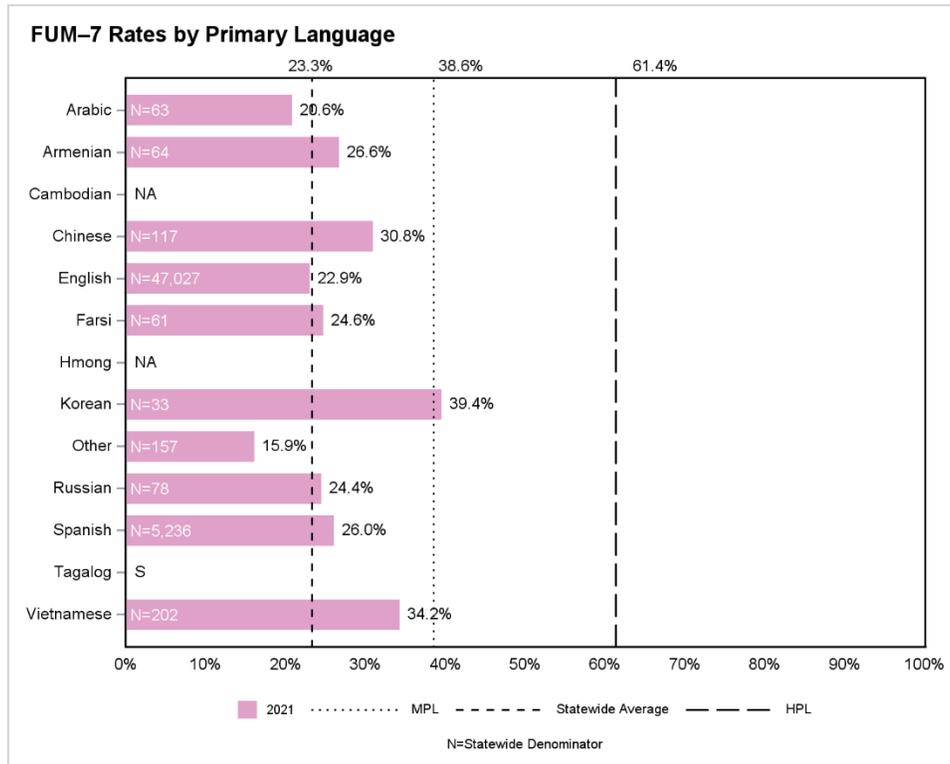


Figure C.127—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

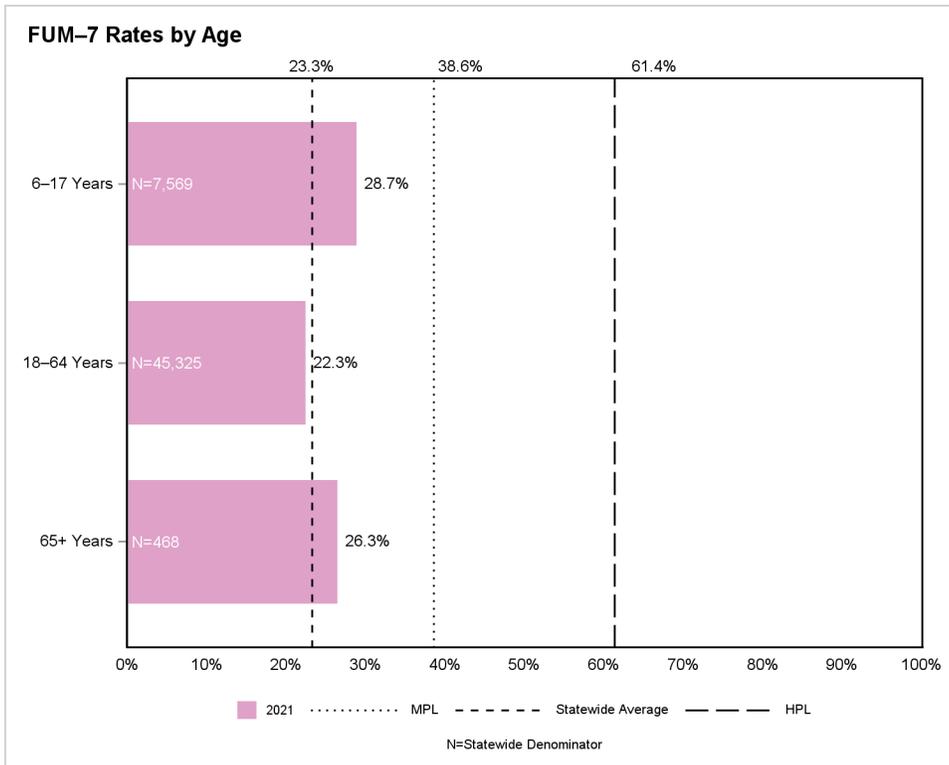


Figure C.128—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7) Rates by Gender

Note: The measurement year 2021 rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

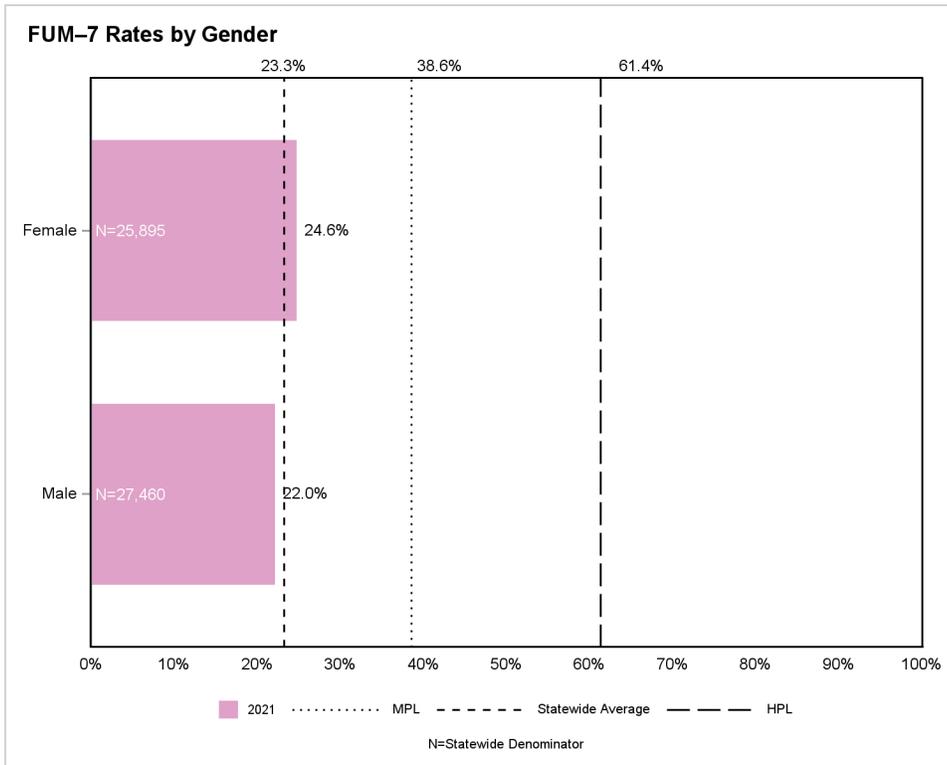
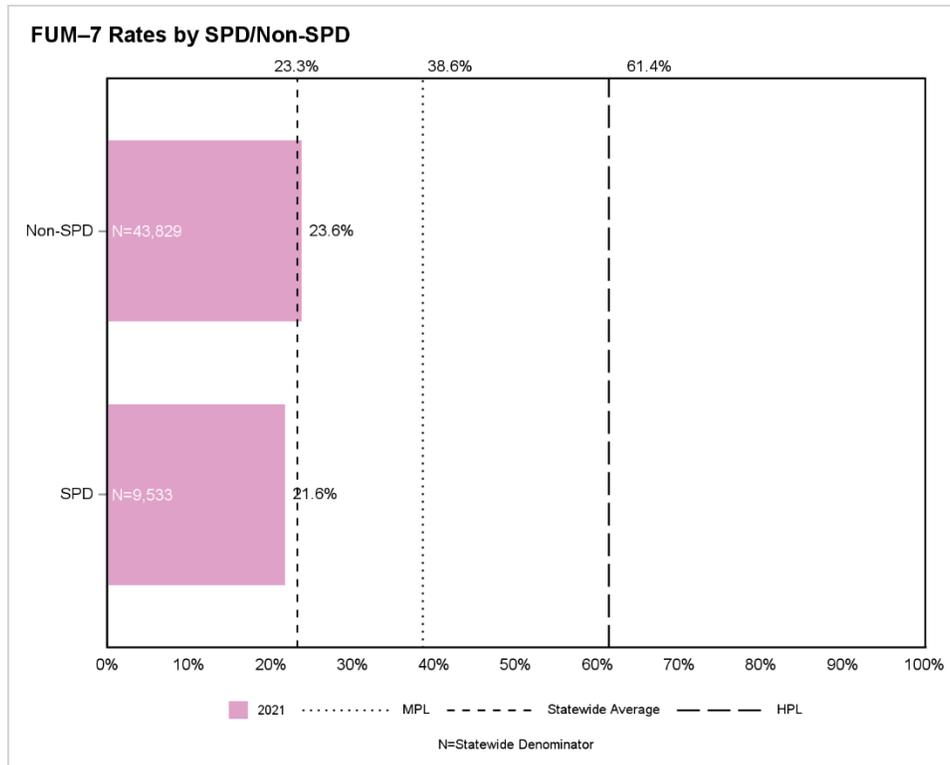


Figure C.129—Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total (FUM-7) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)

The *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30)* indicator measures the percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 30 days of the emergency department visit.

Figure C.130—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30) Rates by Race/Ethnicity

Note: The measurement year 2021 rate for the Unknown/Missing group was 35.4 percent (N=2,380).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

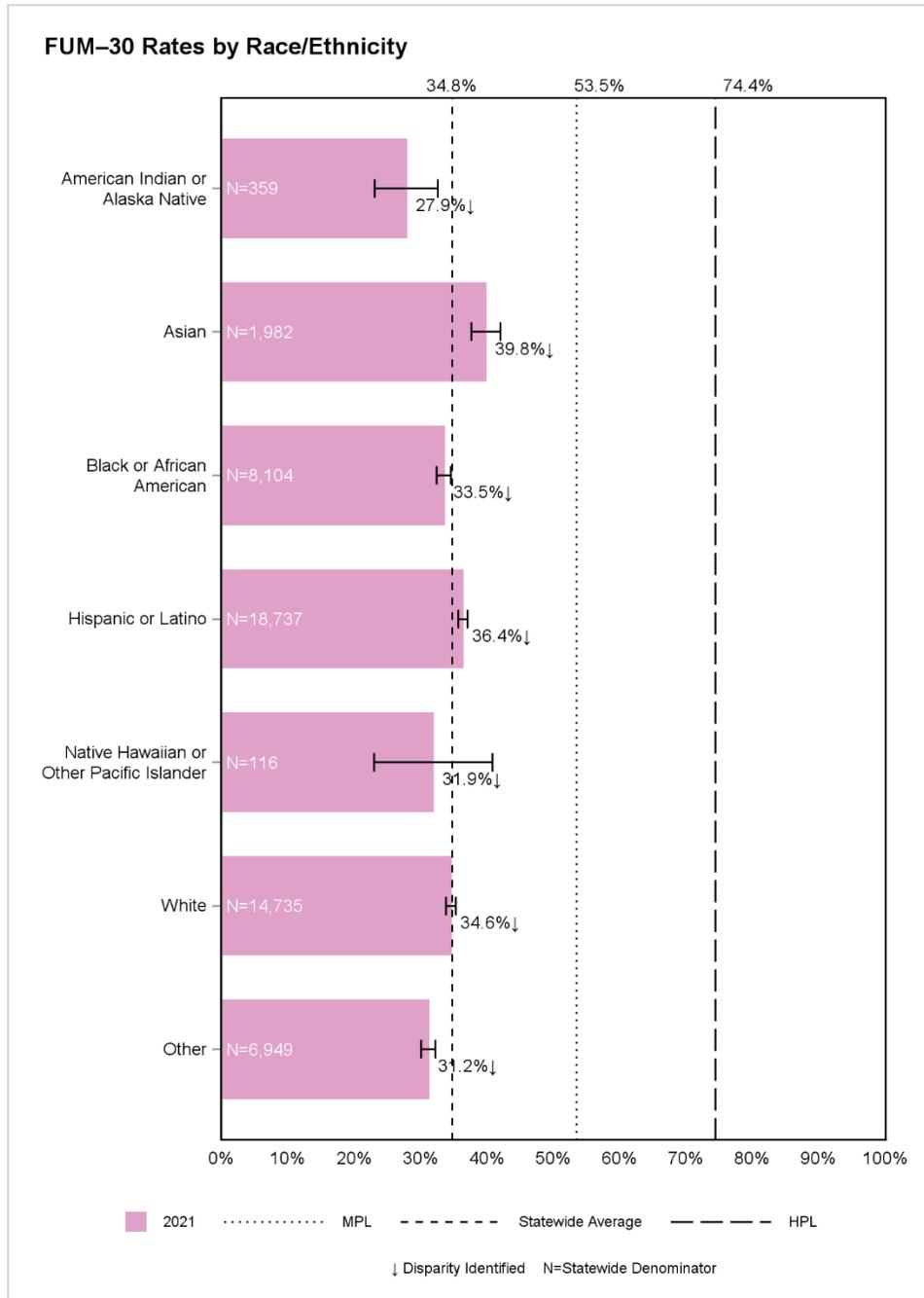


Figure C.131—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30) Rates by Primary Language

Note: The measurement year 2021 rate for the Unknown/Missing group was 40.7 percent (N=253).

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

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

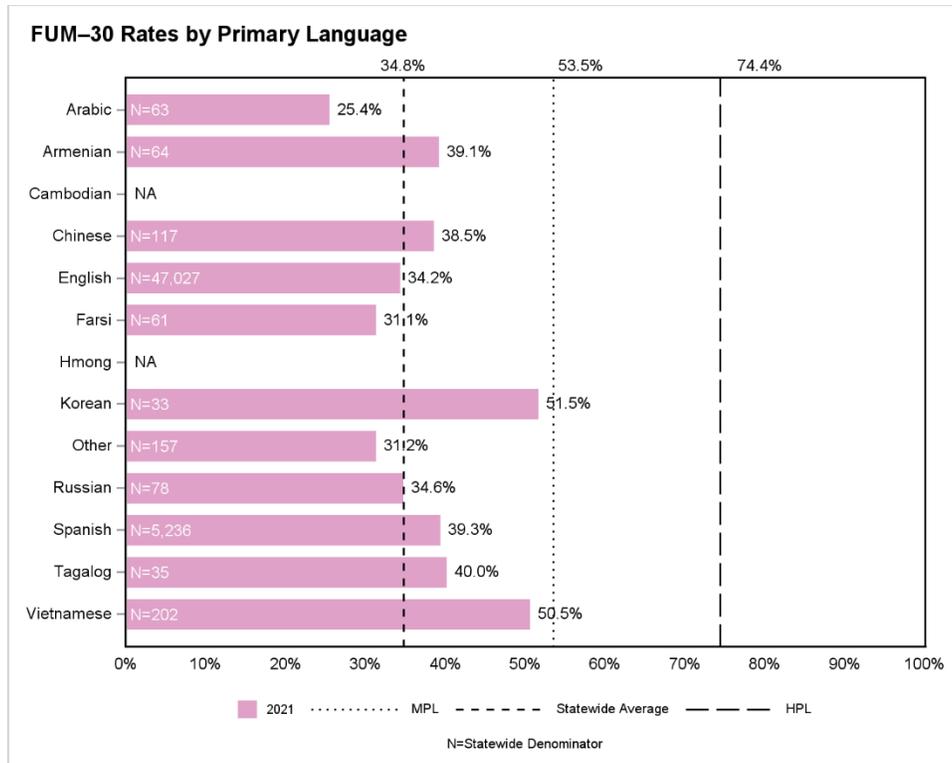


Figure C.132—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

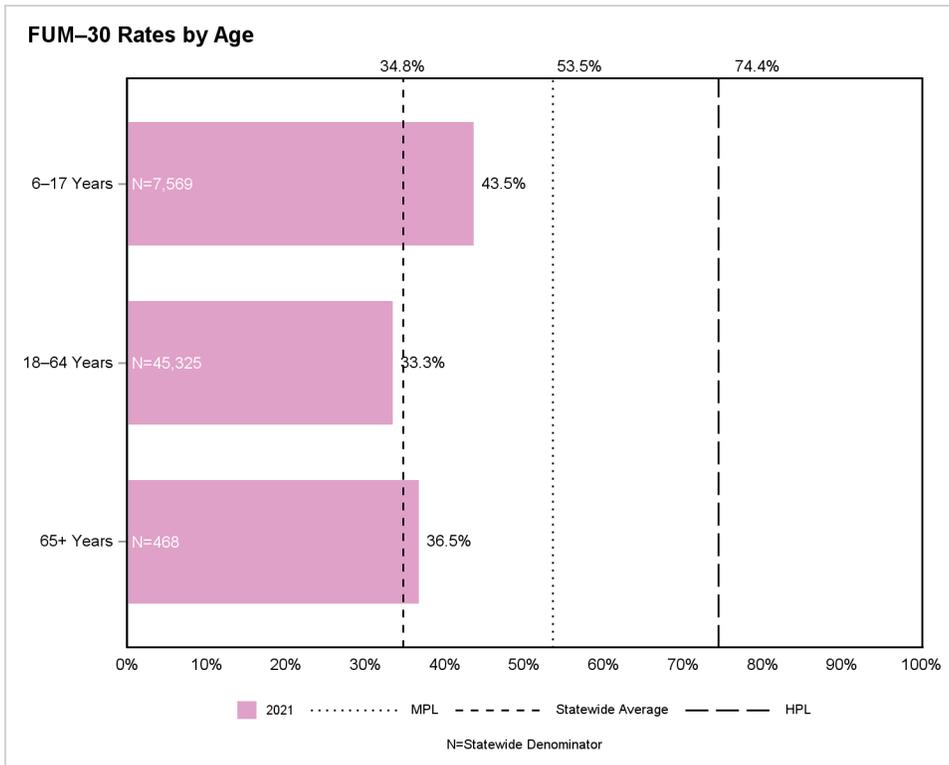


Figure C.133—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30) Rates by Gender

Note: The measurement year 2021 rate for the Unknown/Missing group was suppressed due to a small denominator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

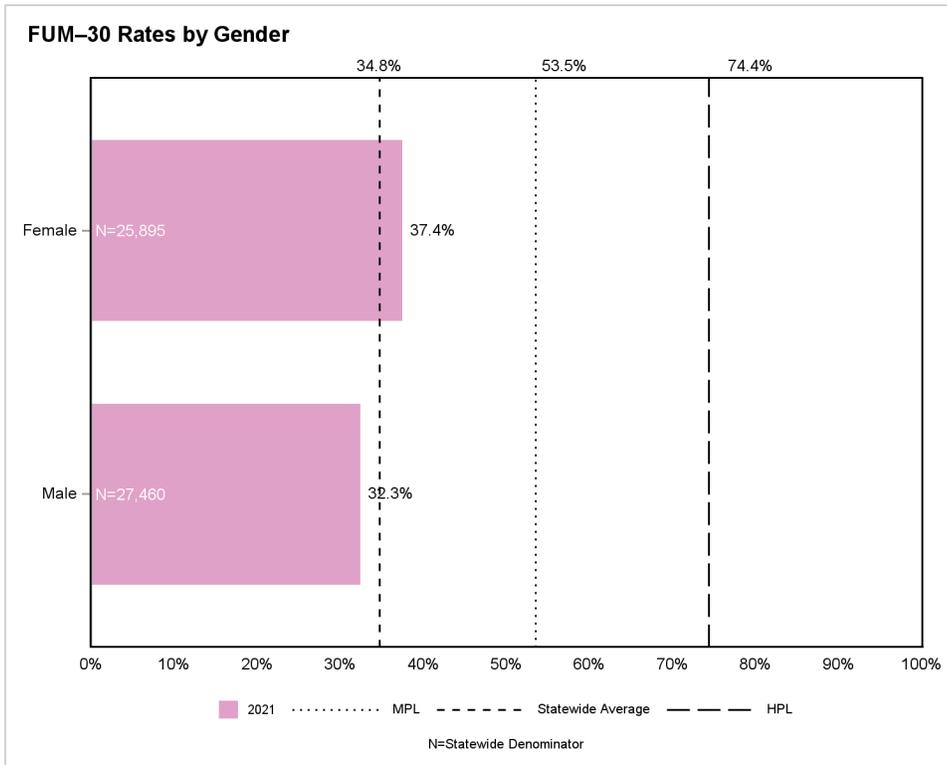
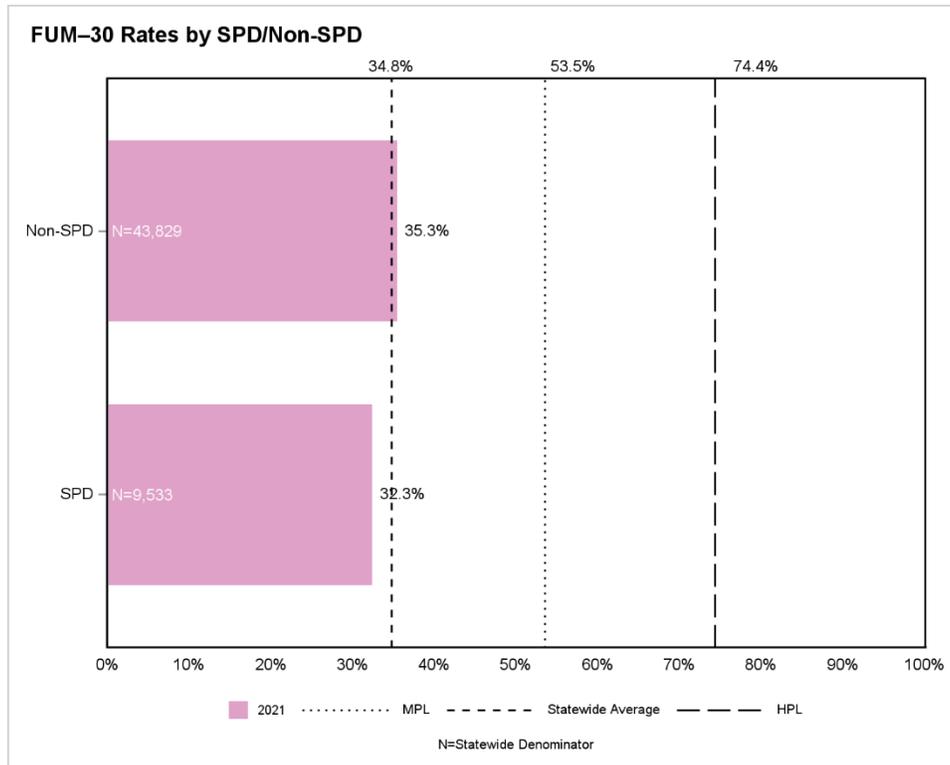


Figure C.134—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total (FUM-30) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.135—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD-Init) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 43.4 percent (N=777) and 39.5 percent (N=744), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 43.0 percent and 55.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 43.9 percent.

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

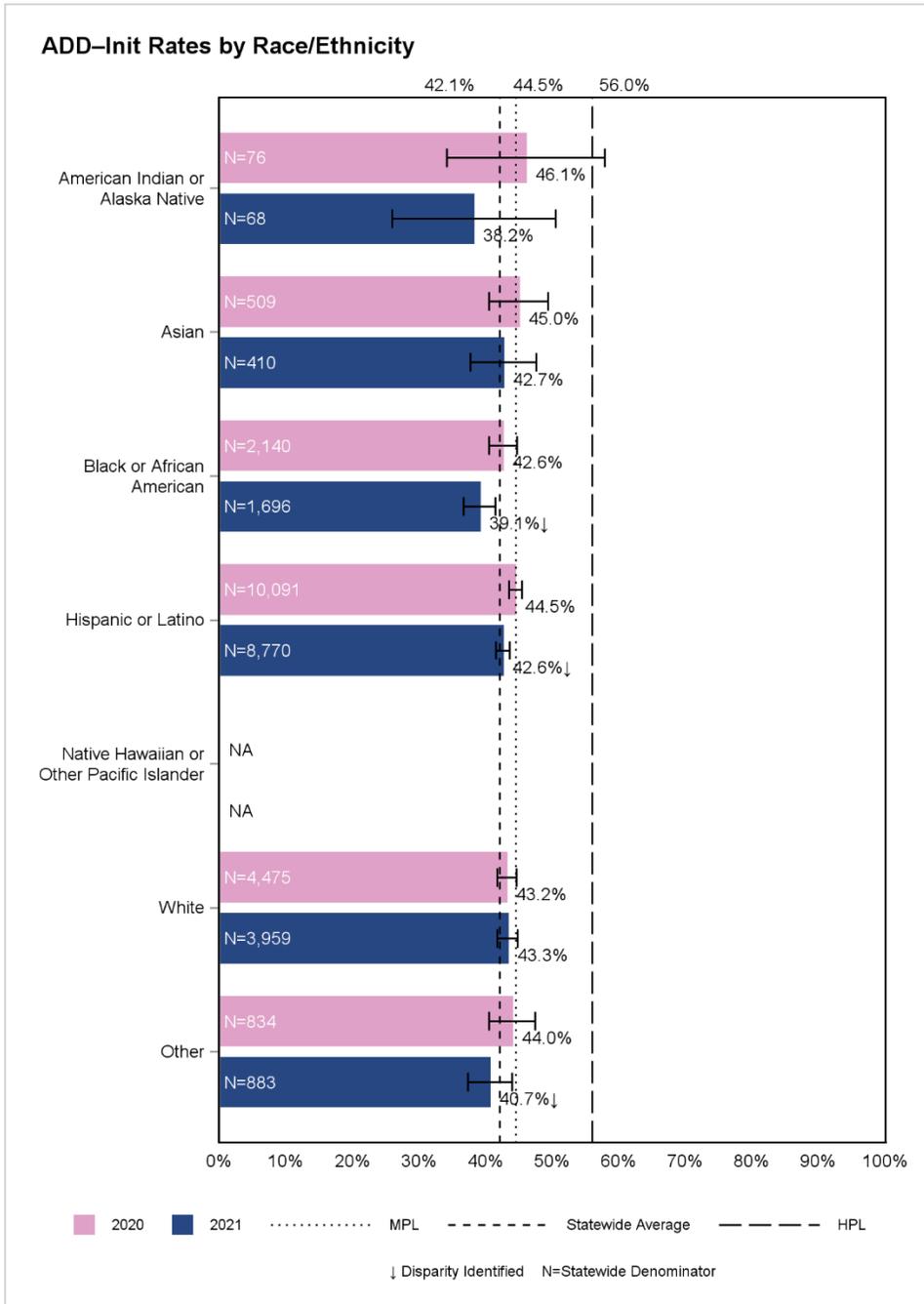


Figure C.136—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 43.0 percent and 55.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 43.9 percent.

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

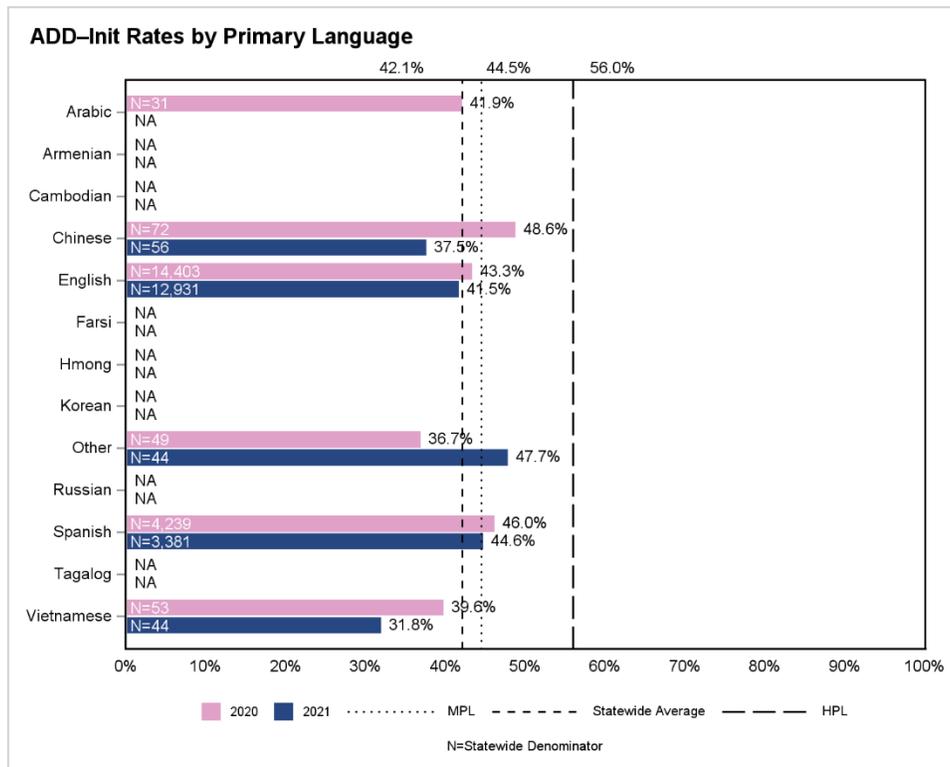


Figure C.137—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD-Init) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 43.0 percent and 55.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 43.9 percent.

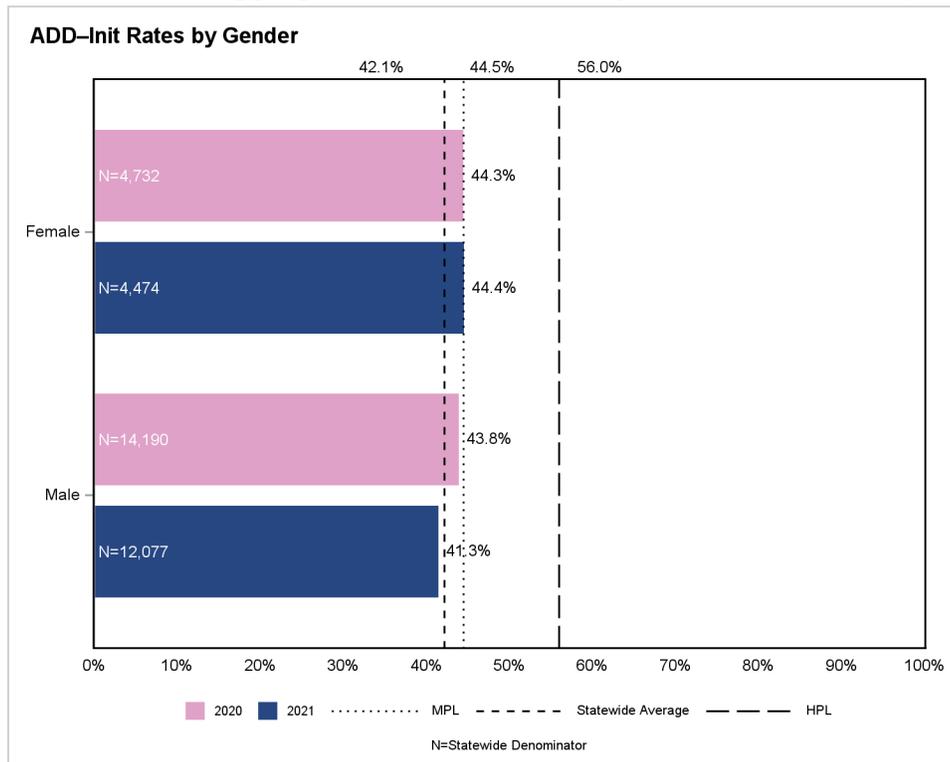
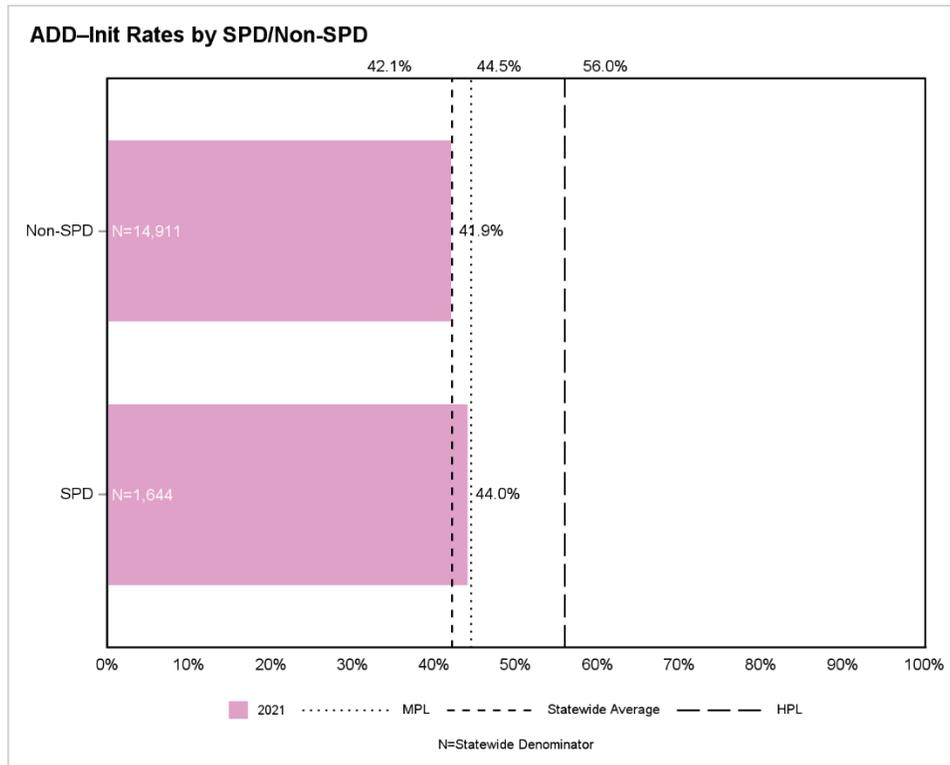


Figure C.138—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (ADD–Init) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 to 12 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 C.139—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 52.0 percent (N=204) and 49.7 percent (N=183), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.7 percent and 68.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 49.3 percent.

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

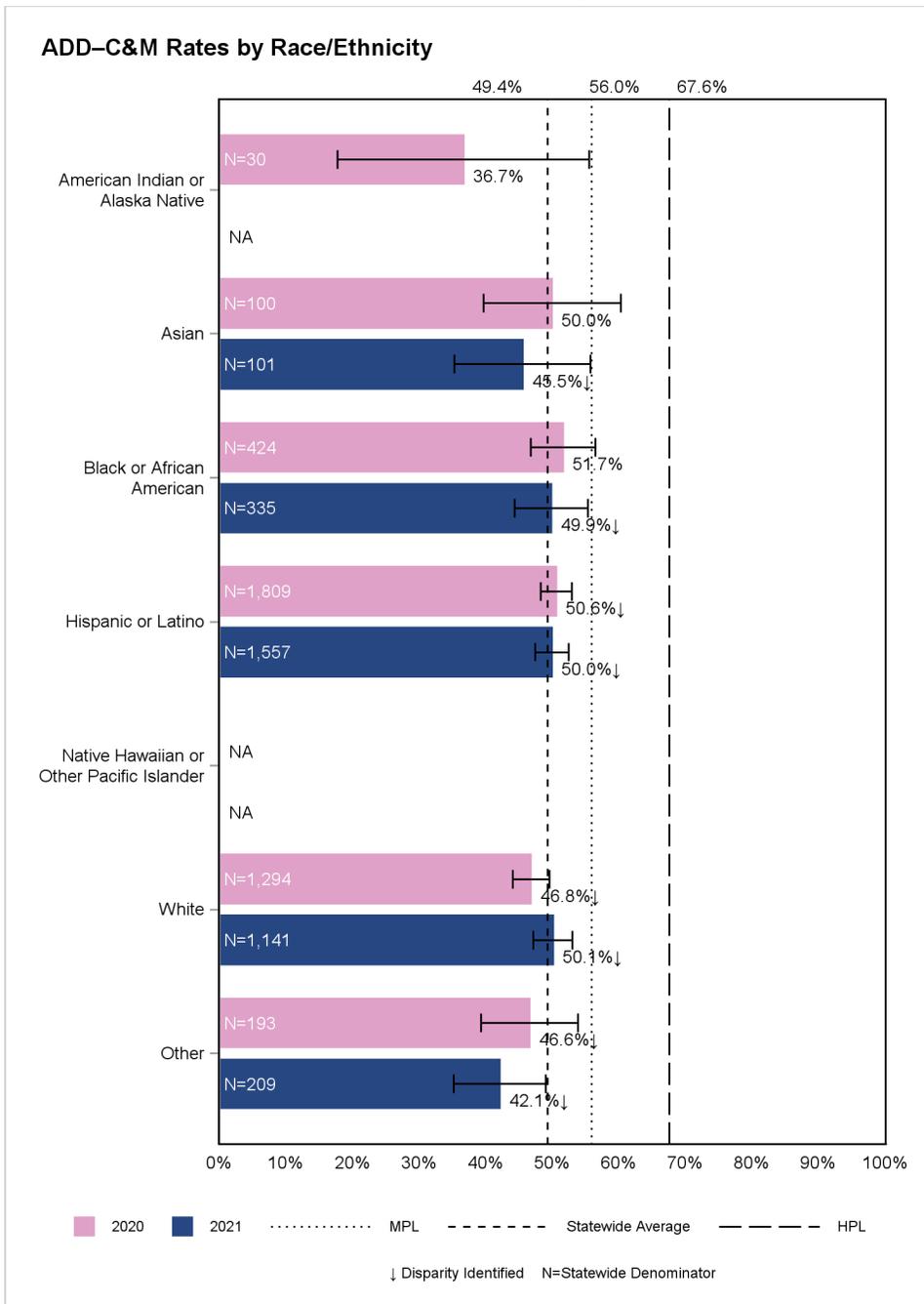


Figure C.140—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD–C&M) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.7 percent and 68.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 49.3 percent.

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

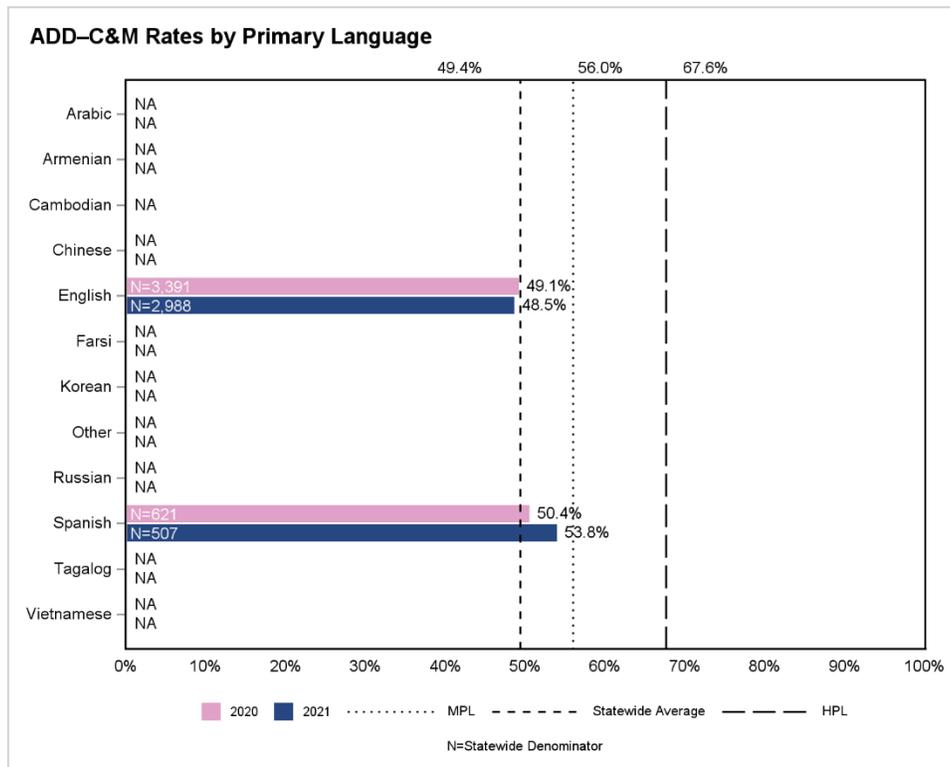


Figure C.141—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD-C&M) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.7 percent and 68.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 49.3 percent.

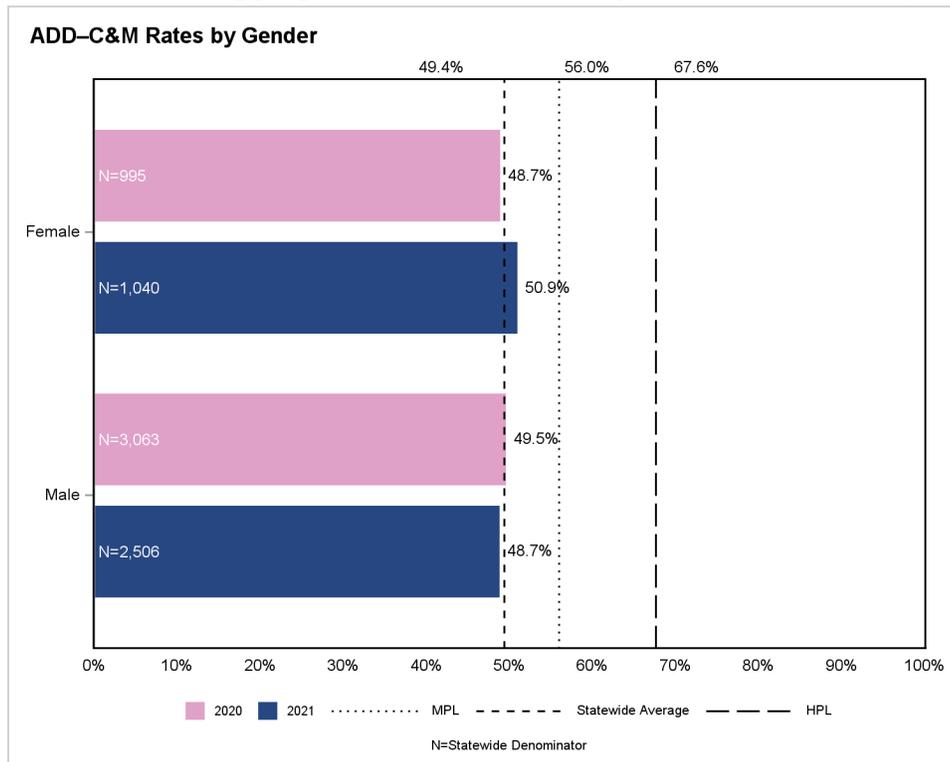
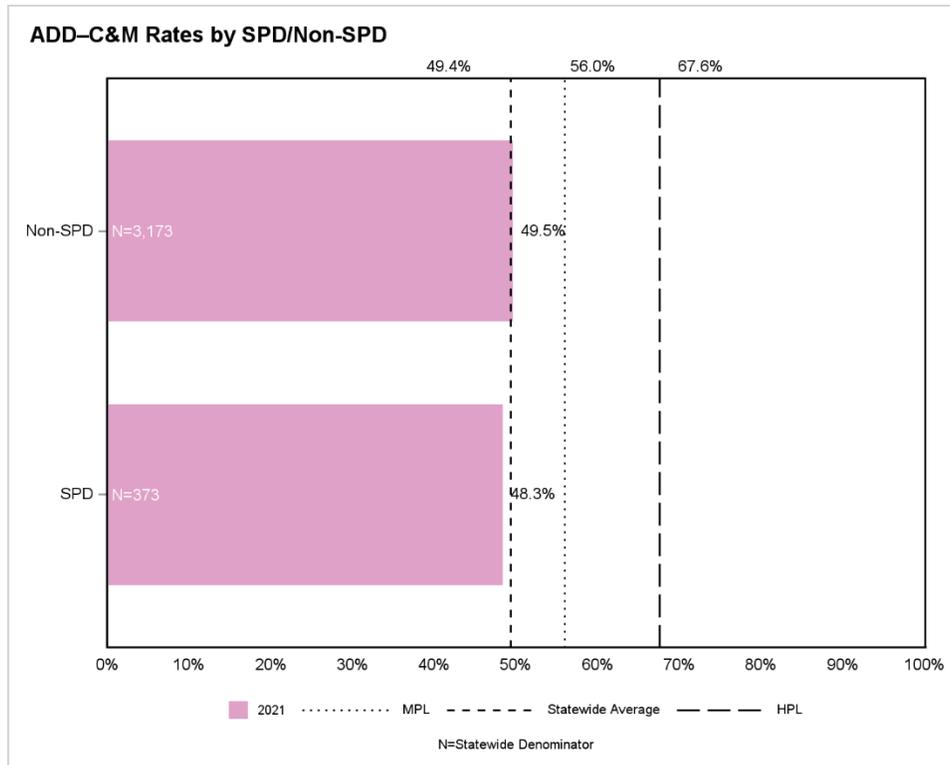


Figure C.142—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (ADD-C&M) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.143—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM-B) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 53.3 percent (N=364) and 59.4 percent (N=335), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.4 percent and 69.7 percent, respectively.

The statewide aggregate for measurement year 2020 was 55.5 percent.

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

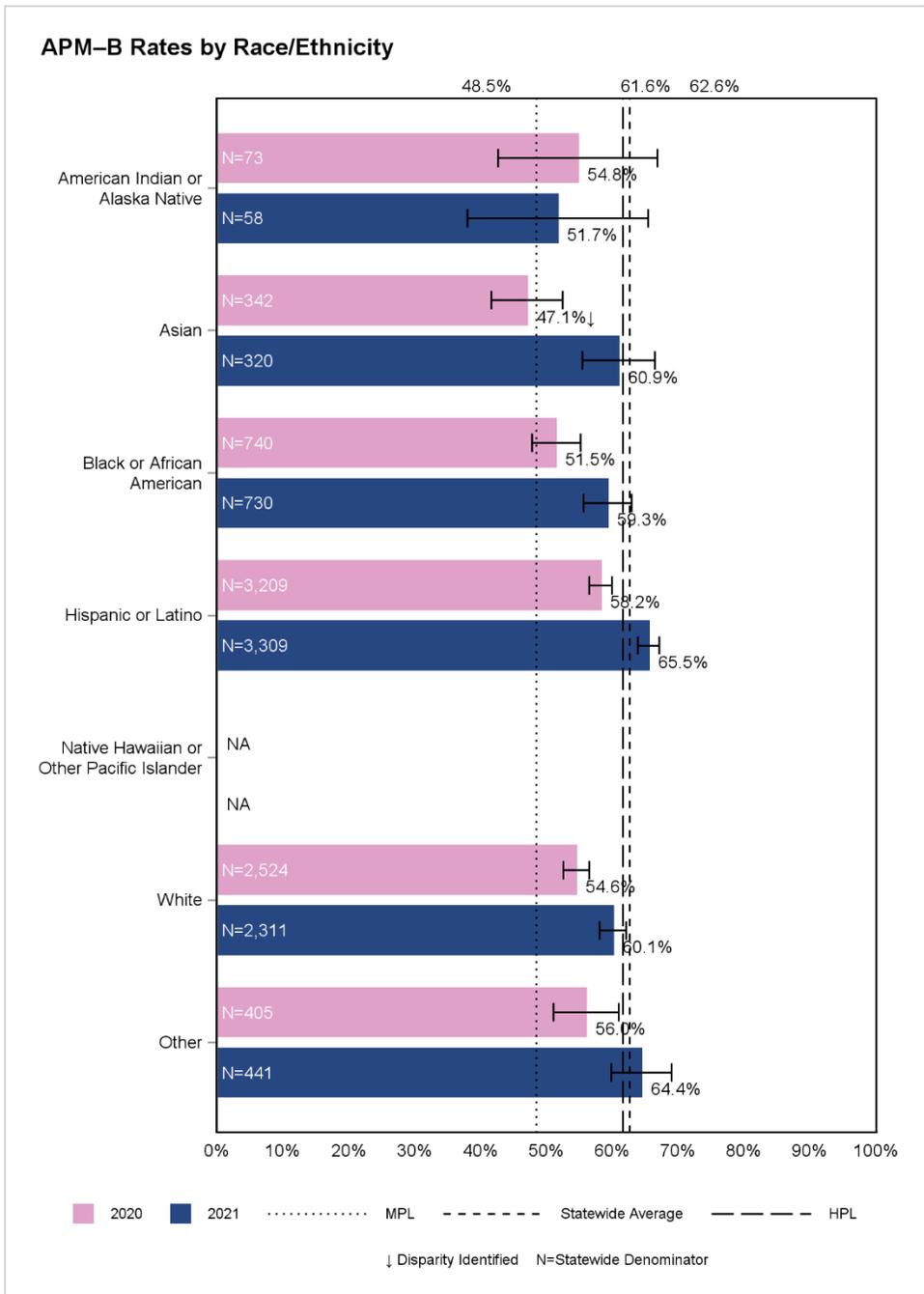


Figure C.144—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.4 percent and 69.7 percent, respectively.

The statewide aggregate for measurement year 2020 was 55.5 percent.

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

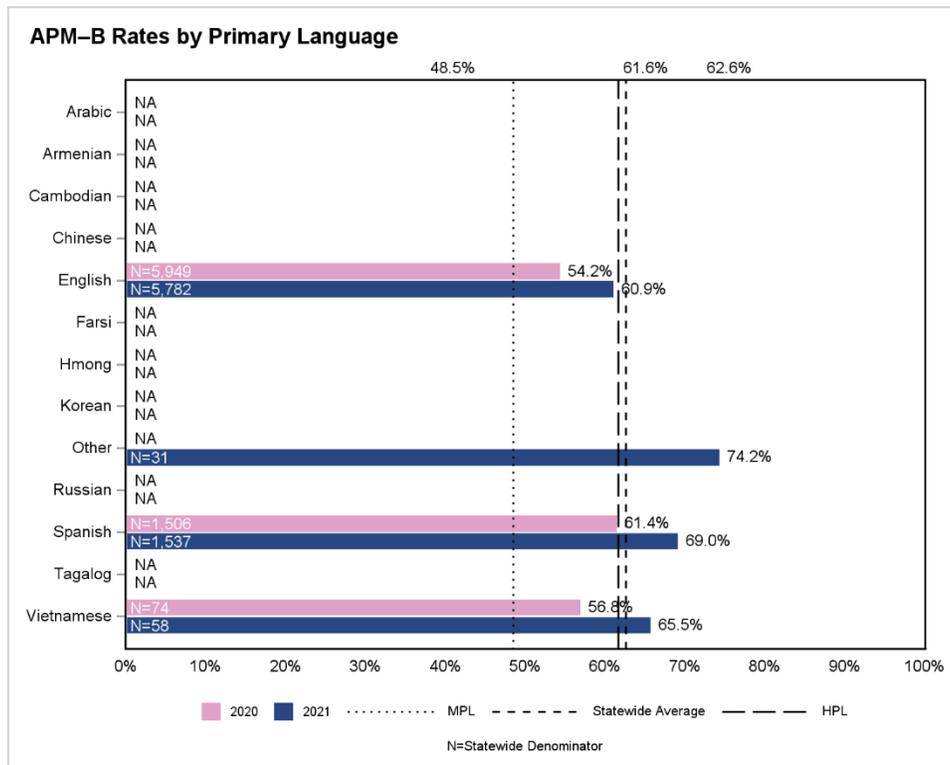


Figure C.145—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.4 percent and 69.7 percent, respectively.

The statewide aggregate for measurement year 2020 was 55.5 percent.

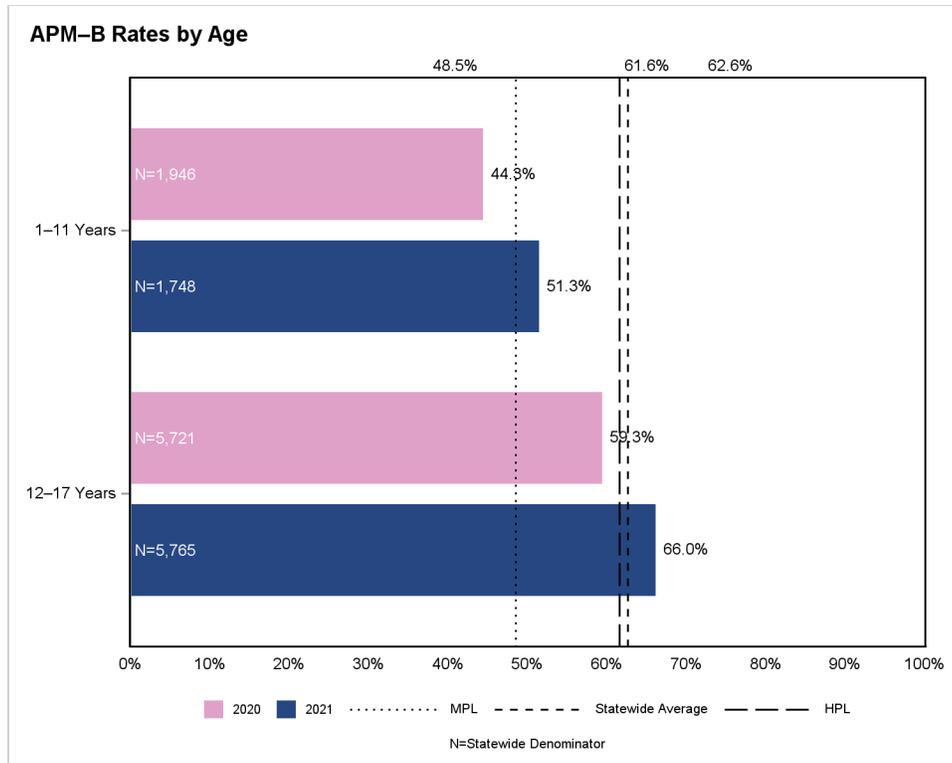


Figure C.146—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 54.4 percent and 69.7 percent, respectively.

The statewide aggregate for measurement year 2020 was 55.5 percent.

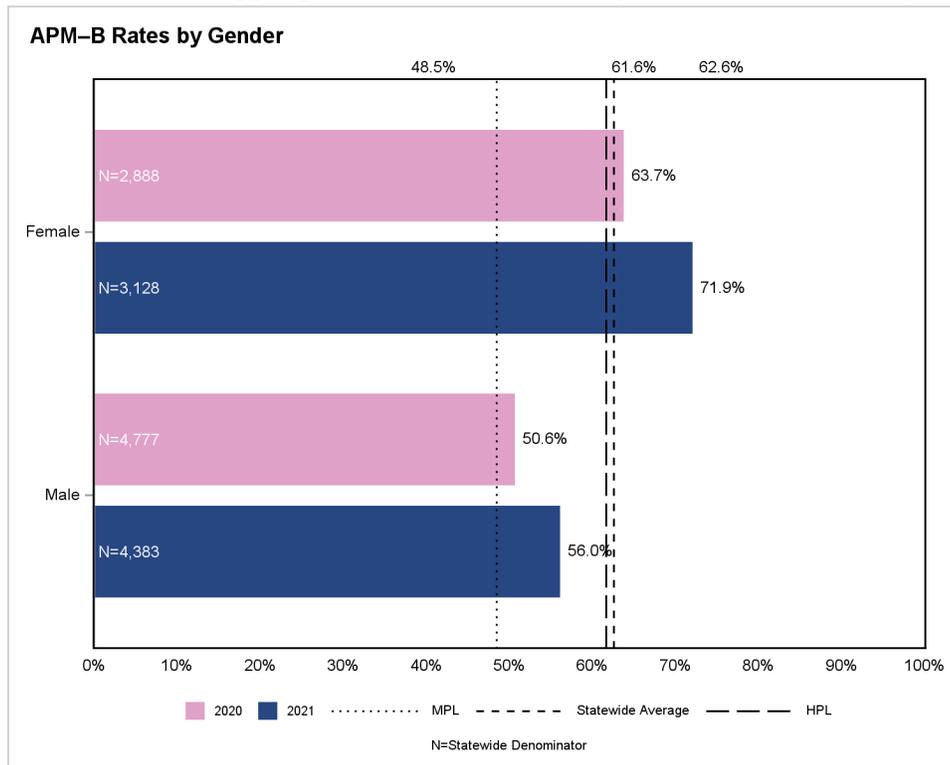
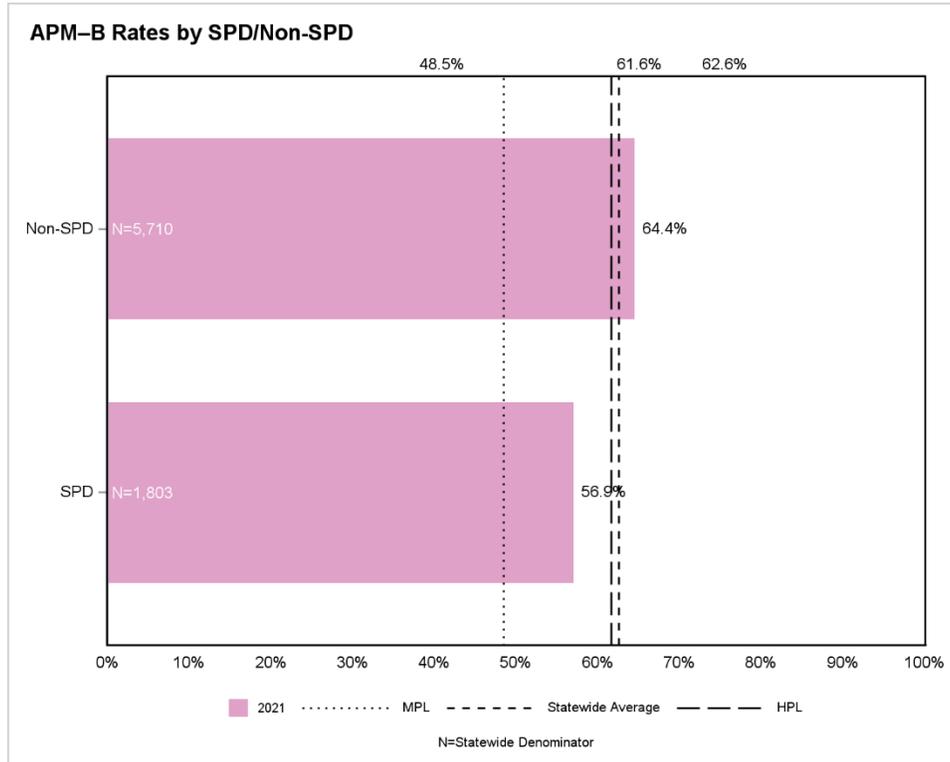


Figure C.147—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total (APM–B) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.148—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM–C) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 38.5 percent (N=364) and 42.1 percent (N=335), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.1 percent and 58.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.1 percent.

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

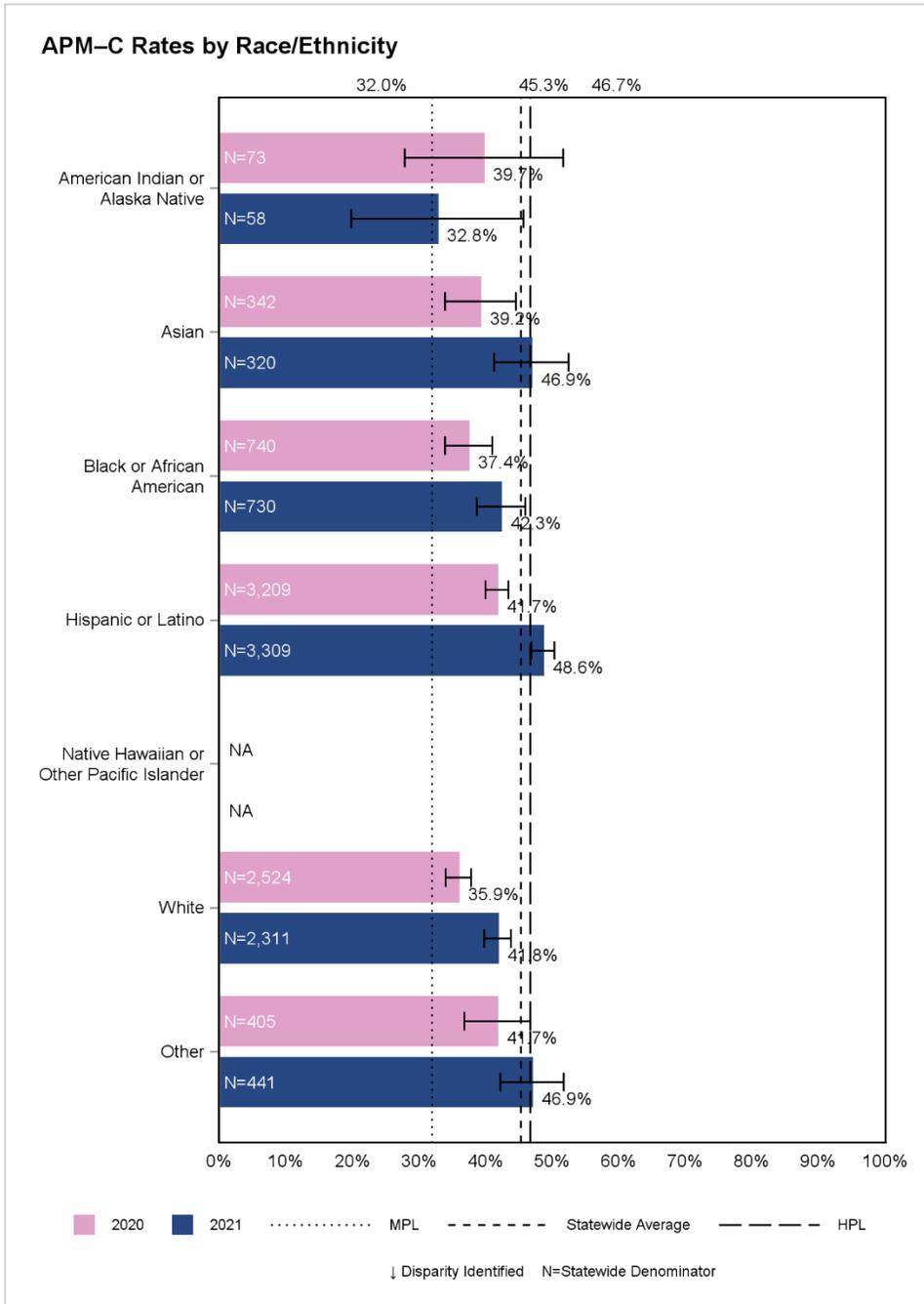


Figure C.149—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM-C) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.1 percent and 58.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.1 percent.

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

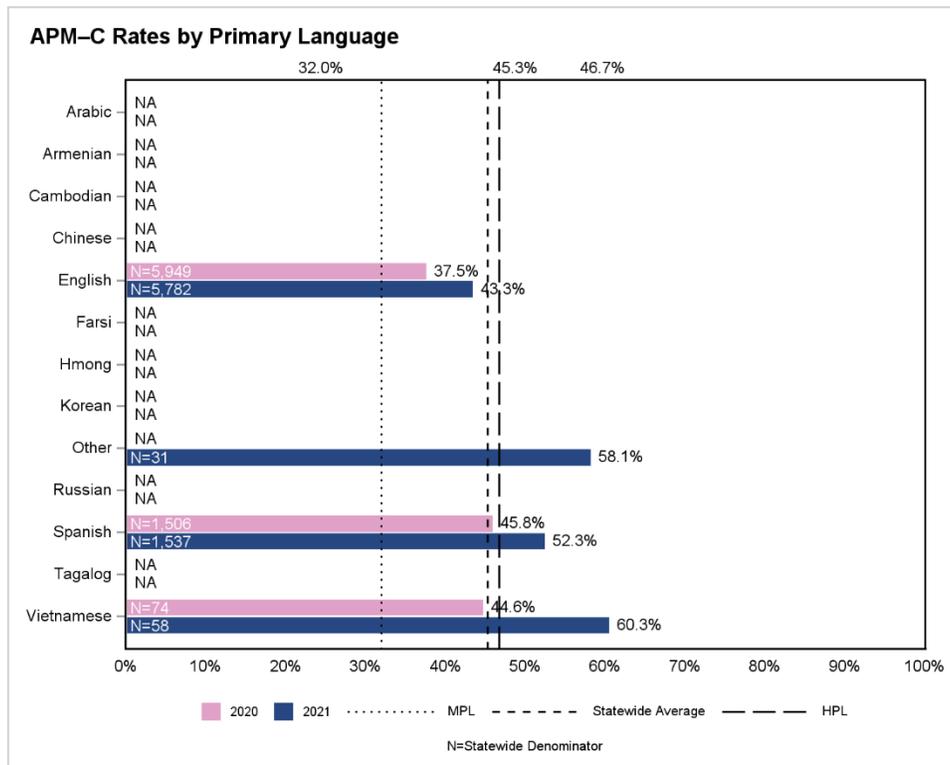


Figure C.150—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM-C) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.1 percent and 58.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.1 percent.

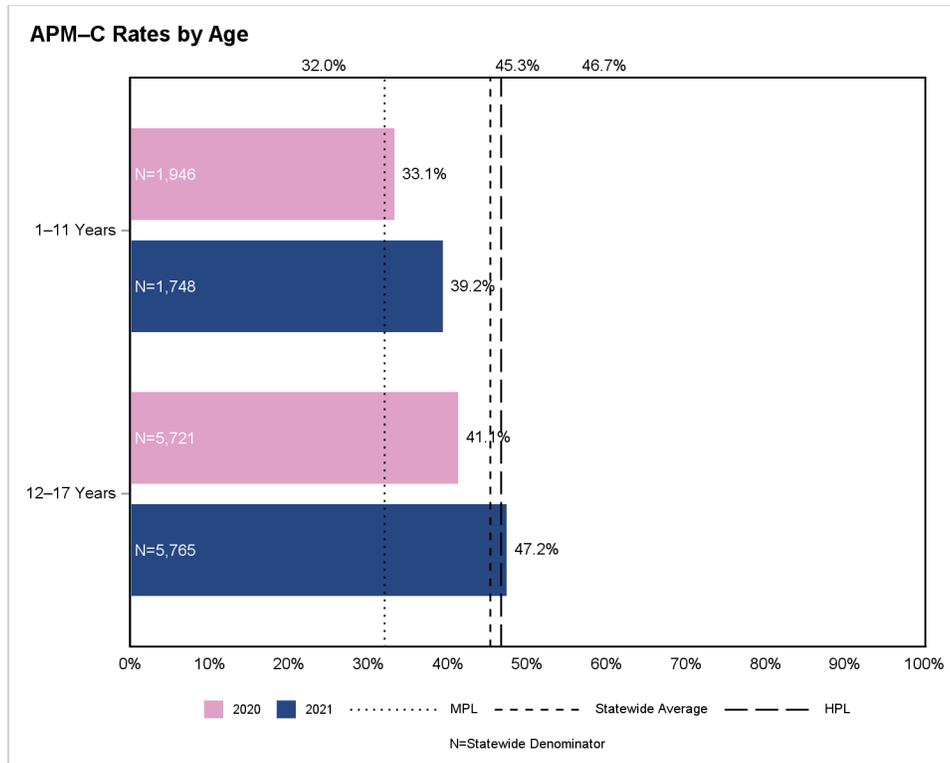


Figure C.151—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM-C) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.1 percent and 58.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 39.1 percent.

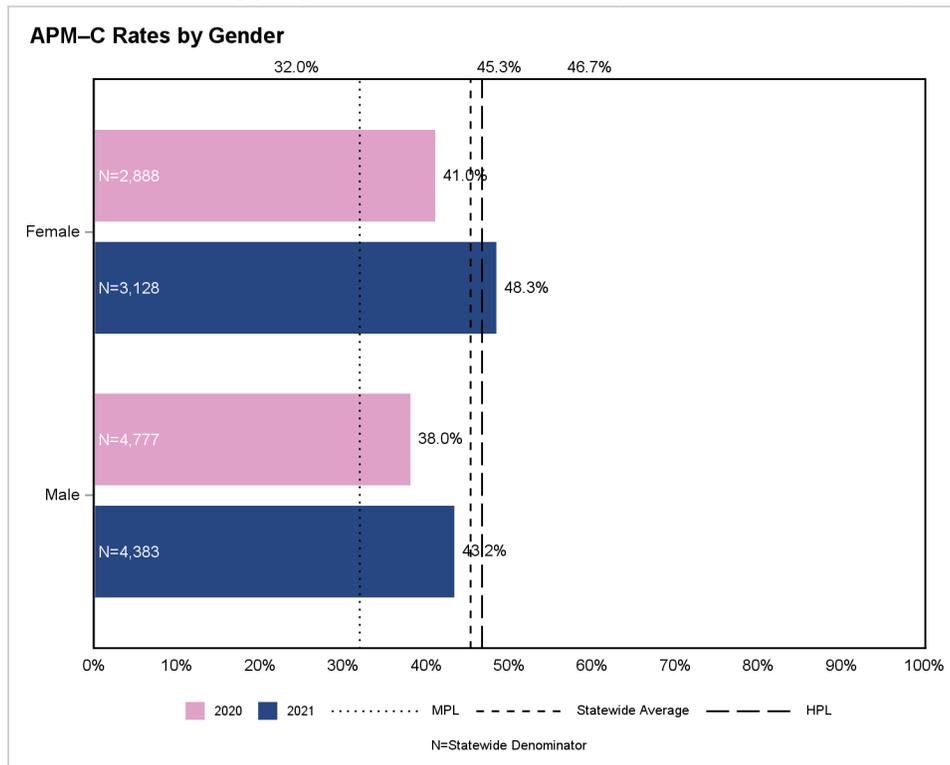
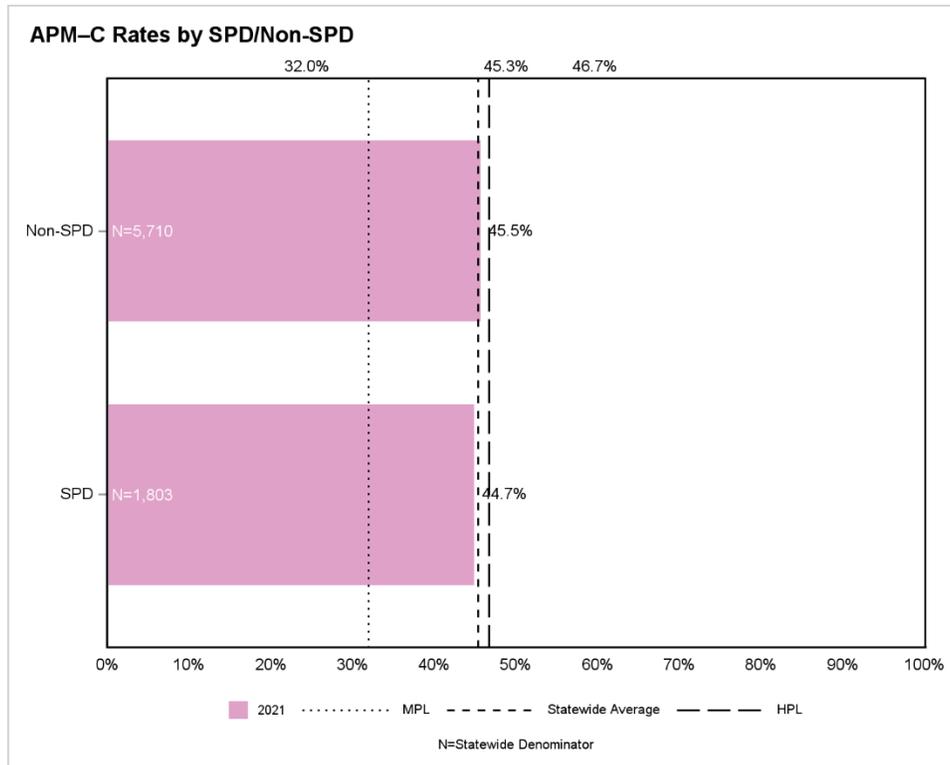


Figure C.152—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total (APM-C) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.153—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM-BC) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 35.7 percent (N=364) and 40.3 percent (N=335), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 35.4 percent and 56.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 37.6 percent.

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

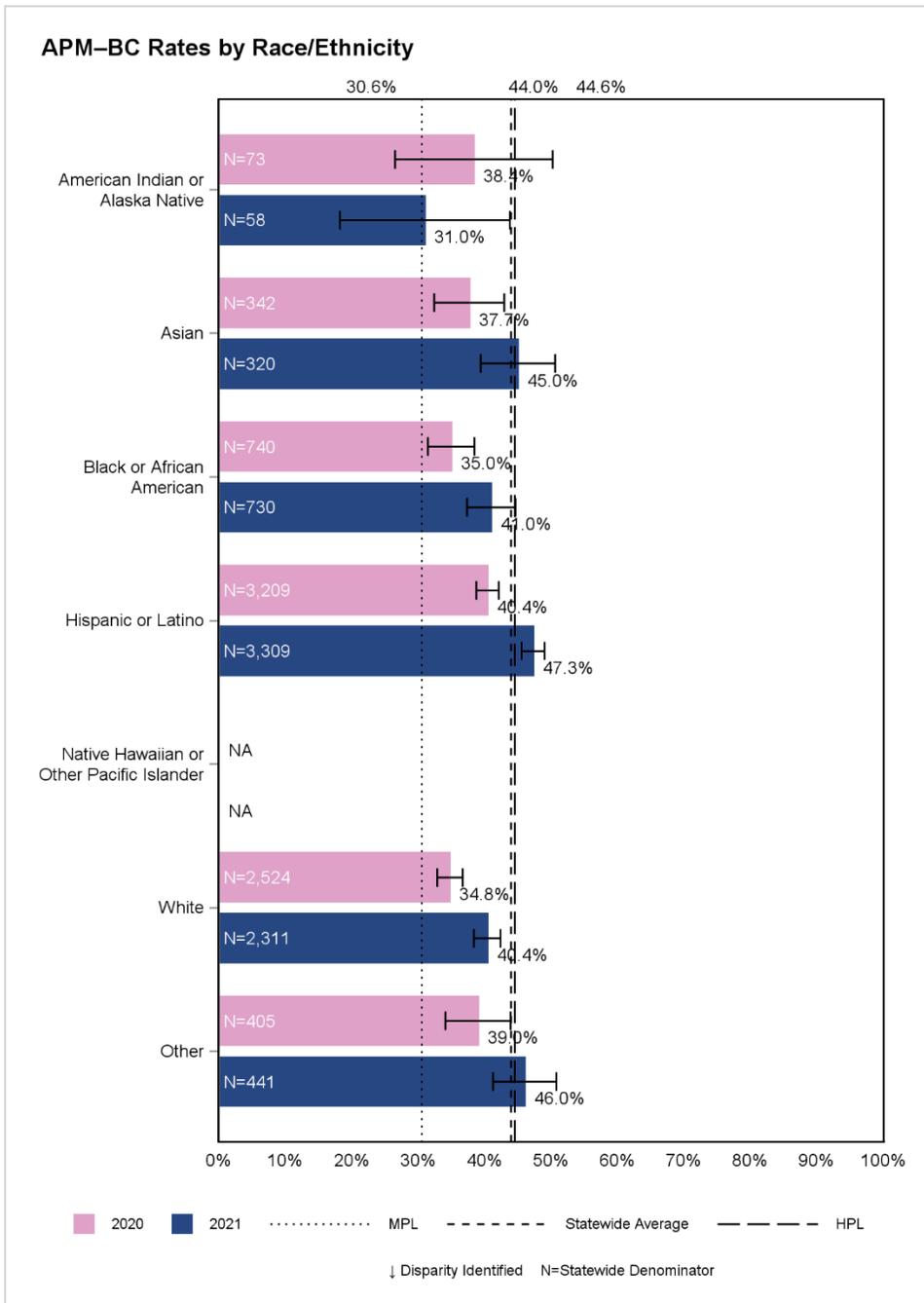


Figure C.154—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 35.4 percent and 56.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 37.6 percent.

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

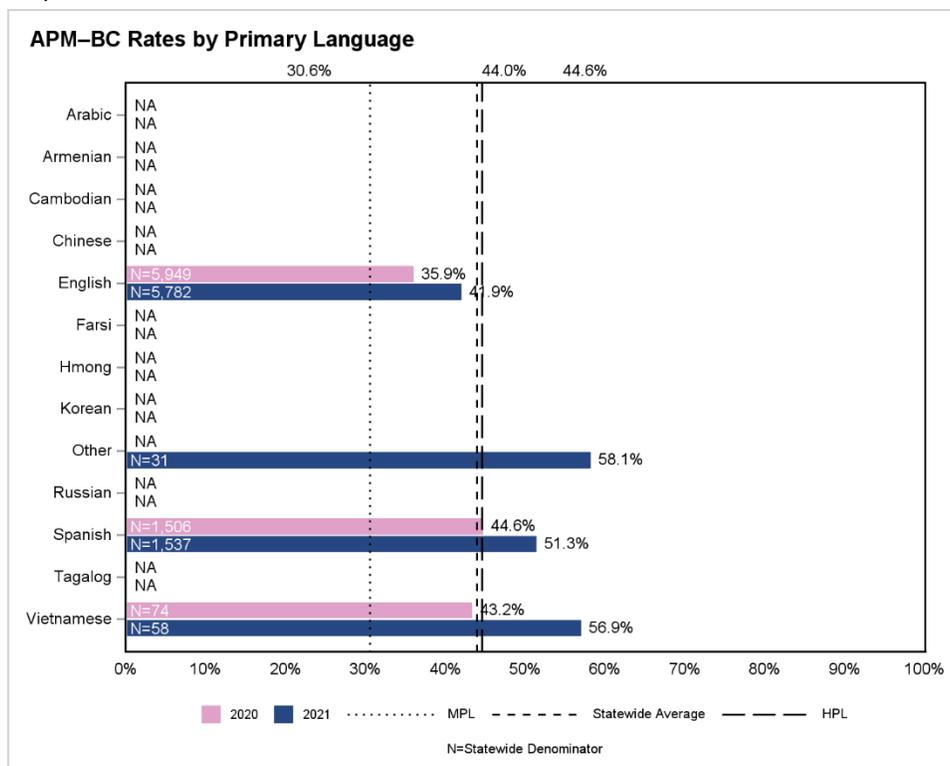


Figure C.155—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 35.4 percent and 56.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 37.6 percent.

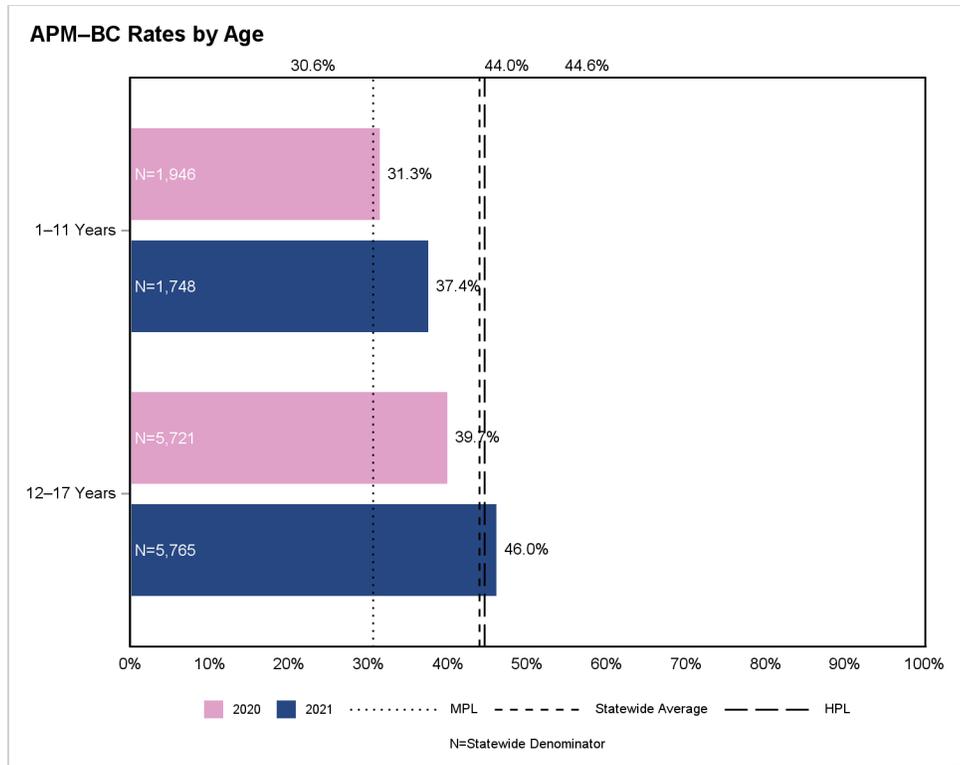


Figure C.156—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM–BC) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 35.4 percent and 56.3 percent, respectively.

The statewide aggregate for measurement year 2020 was 37.6 percent.

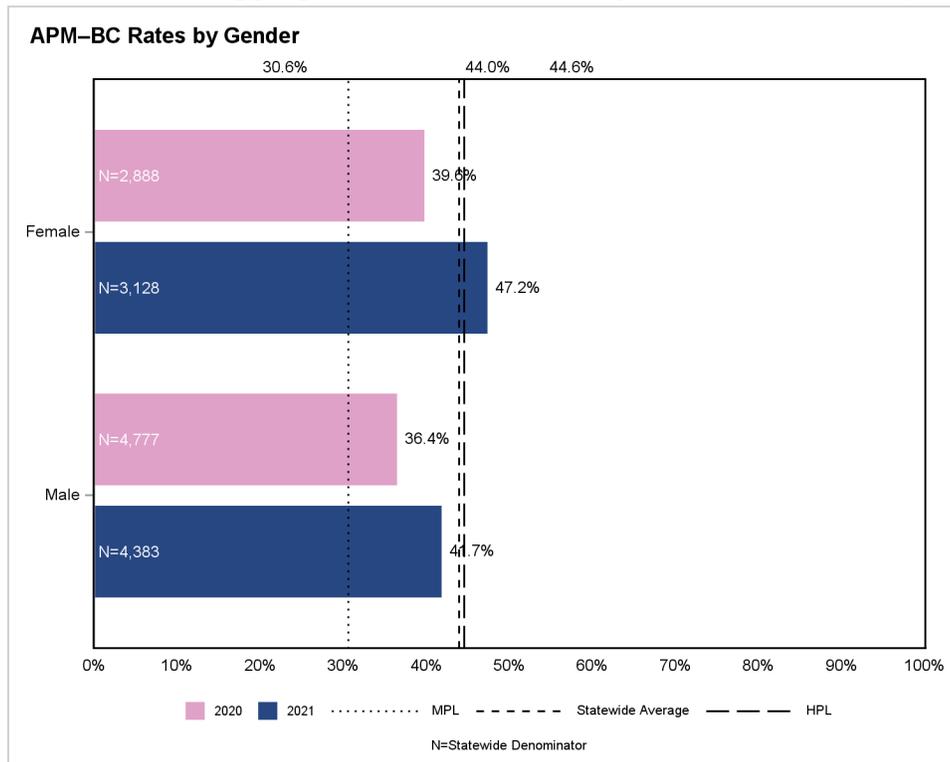
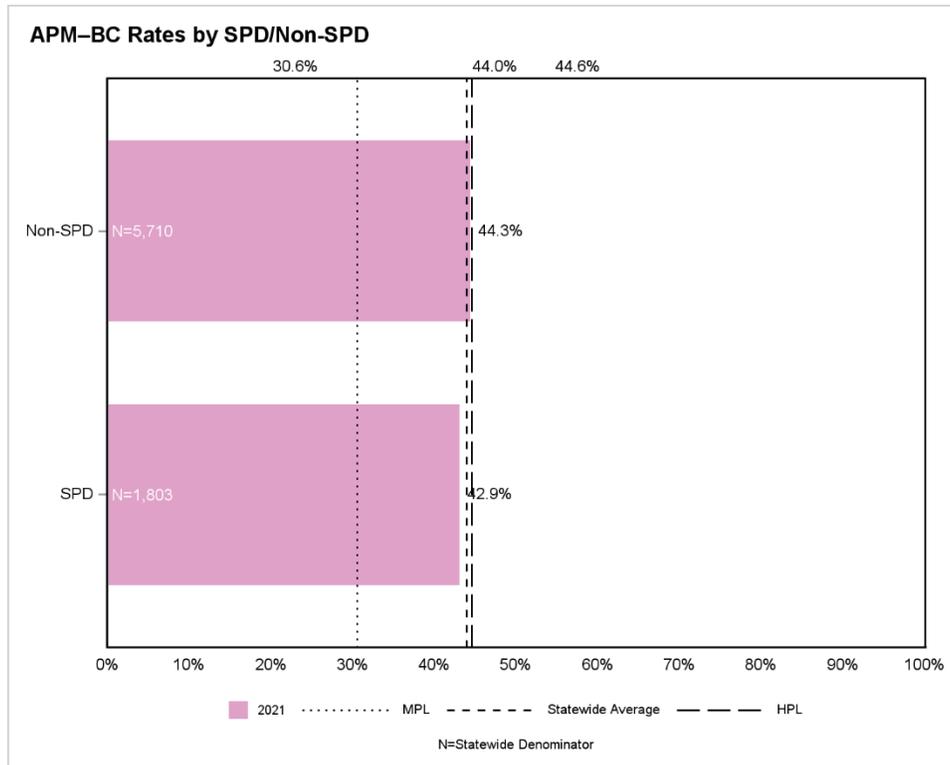


Figure C.157—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total (APM-BC) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years (CDF-1217)

The *Screening for Depression and Follow-Up Plan—Ages 12 to 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. Due to inconsistent reporting of medical record data by MCPs, differences in rates may be indicative of data completeness rather than performance.

Figure C.158—Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years (CDF-1217) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 21.0 percent (N=20,151) and 24.0 percent (N=23,876), respectively.

The statewide aggregate for measurement year 2020 was 18.3 percent.

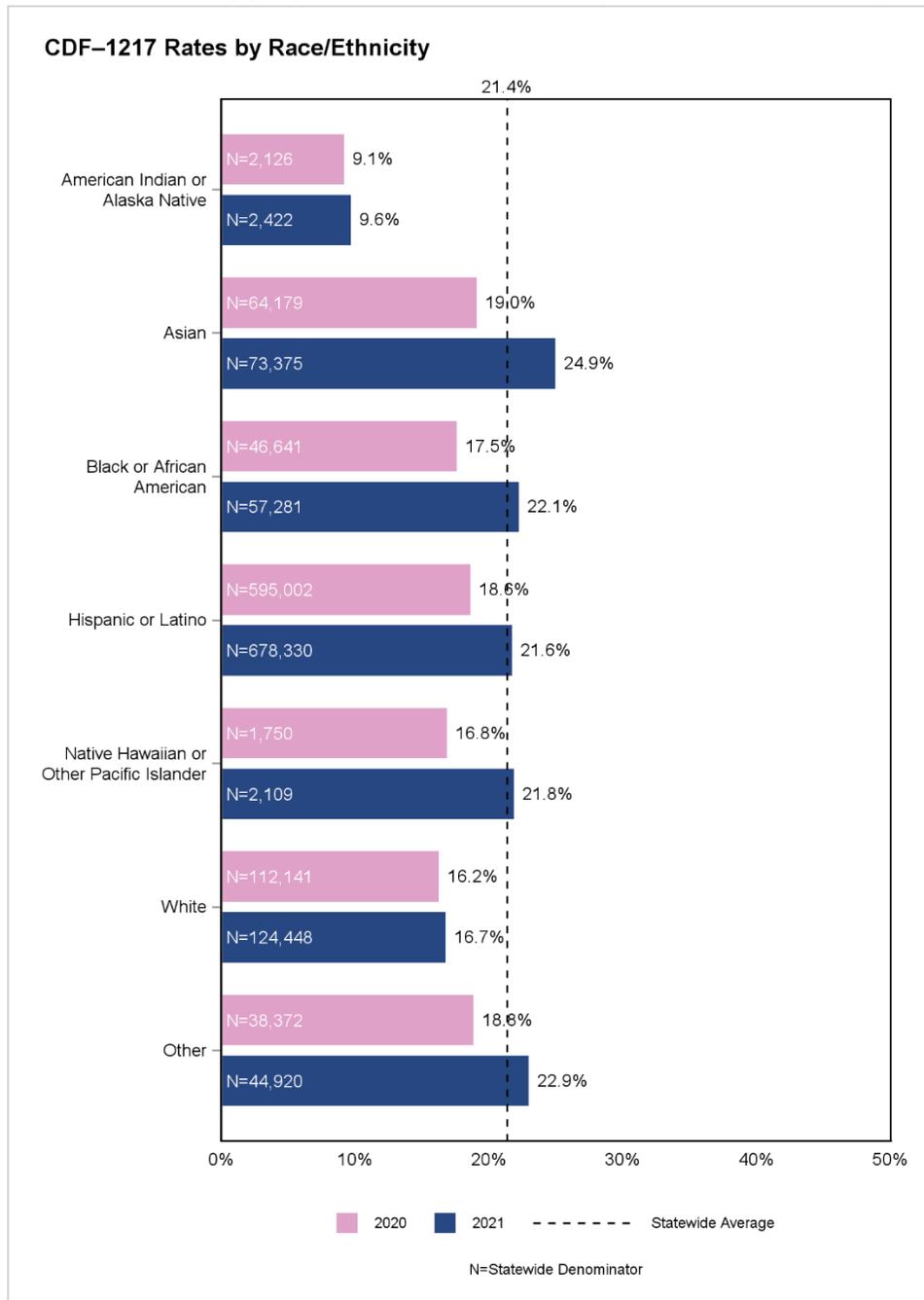


Figure C.159—Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years (CDF-1217) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 10.4 percent (N=1,467) and 4.6 percent (N=1,497), respectively.

The measurement year 2020 and 2021 denominator sizes for the Armenian primary language group were 2,897 and 3,114, respectively.

The statewide aggregate for measurement year 2020 was 18.3 percent.

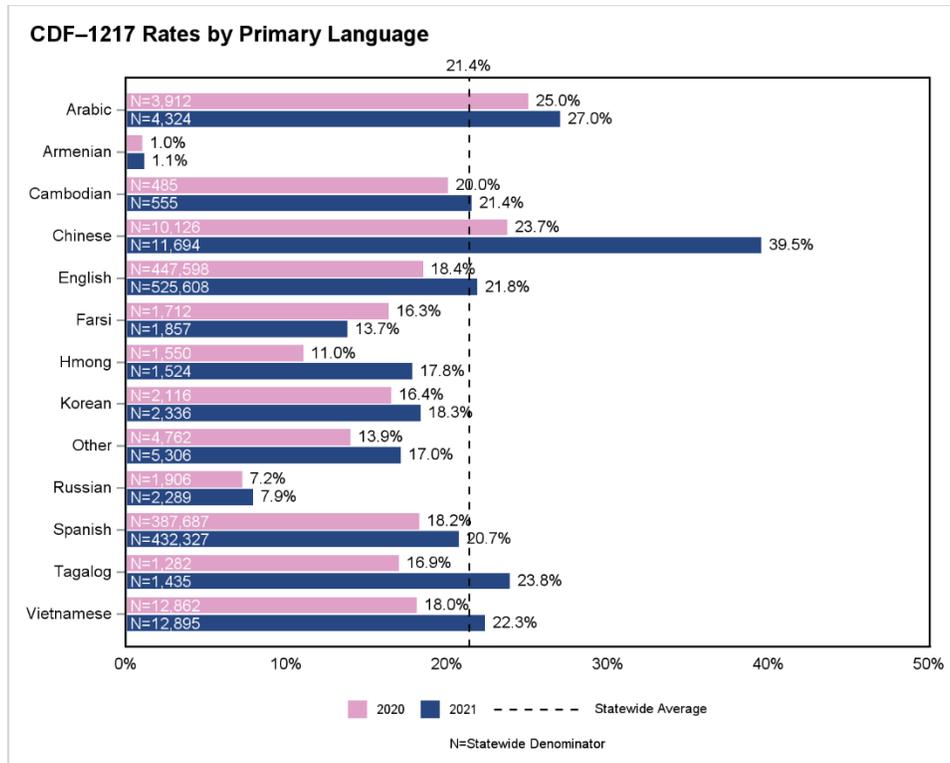


Figure C.160—Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years (CDF-1217) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 9.4 percent (N=1,315) and 3.0 percent (N=1,345), respectively.

The statewide aggregate for measurement year 2020 was 18.3 percent.

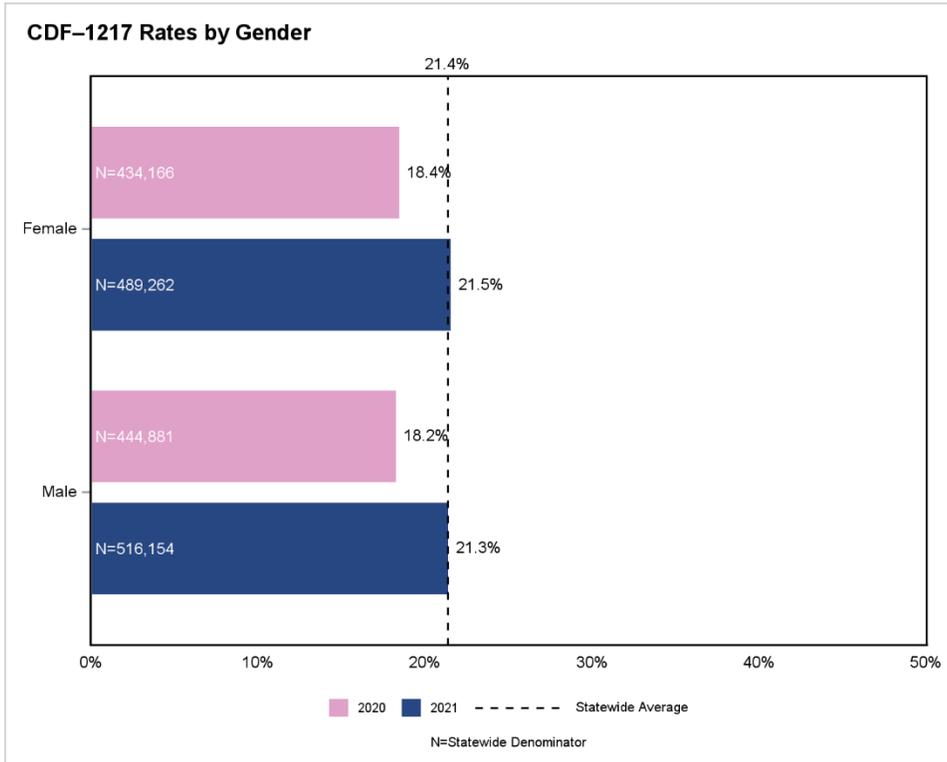
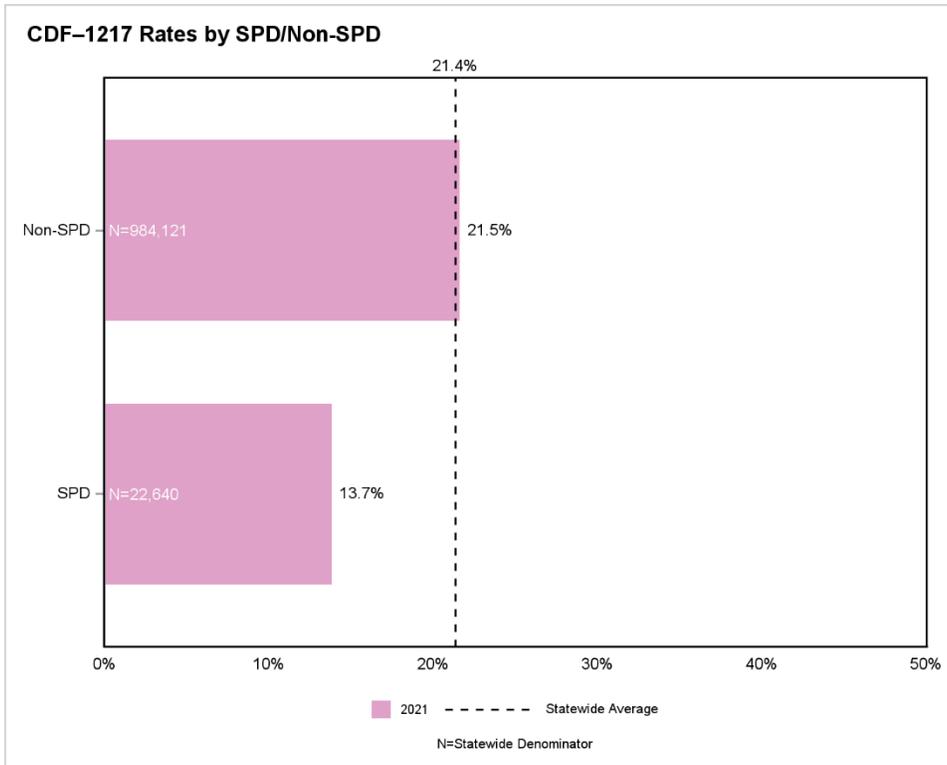


Figure C.161—Screening for Depression and Follow-Up Plan—Ages 12 to 17 Years (CDF-1217) Rates by SPD/Non-SPD



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. Due to inconsistent reporting of medical record data by MCPs, differences in rates may be indicative of data completeness rather than performance.

Figure C.162—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF-18+) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 11.8 percent (N=124,620) and 13.2 percent (N=142,290), respectively.

The statewide aggregate for measurement year 2020 was 11.5 percent.

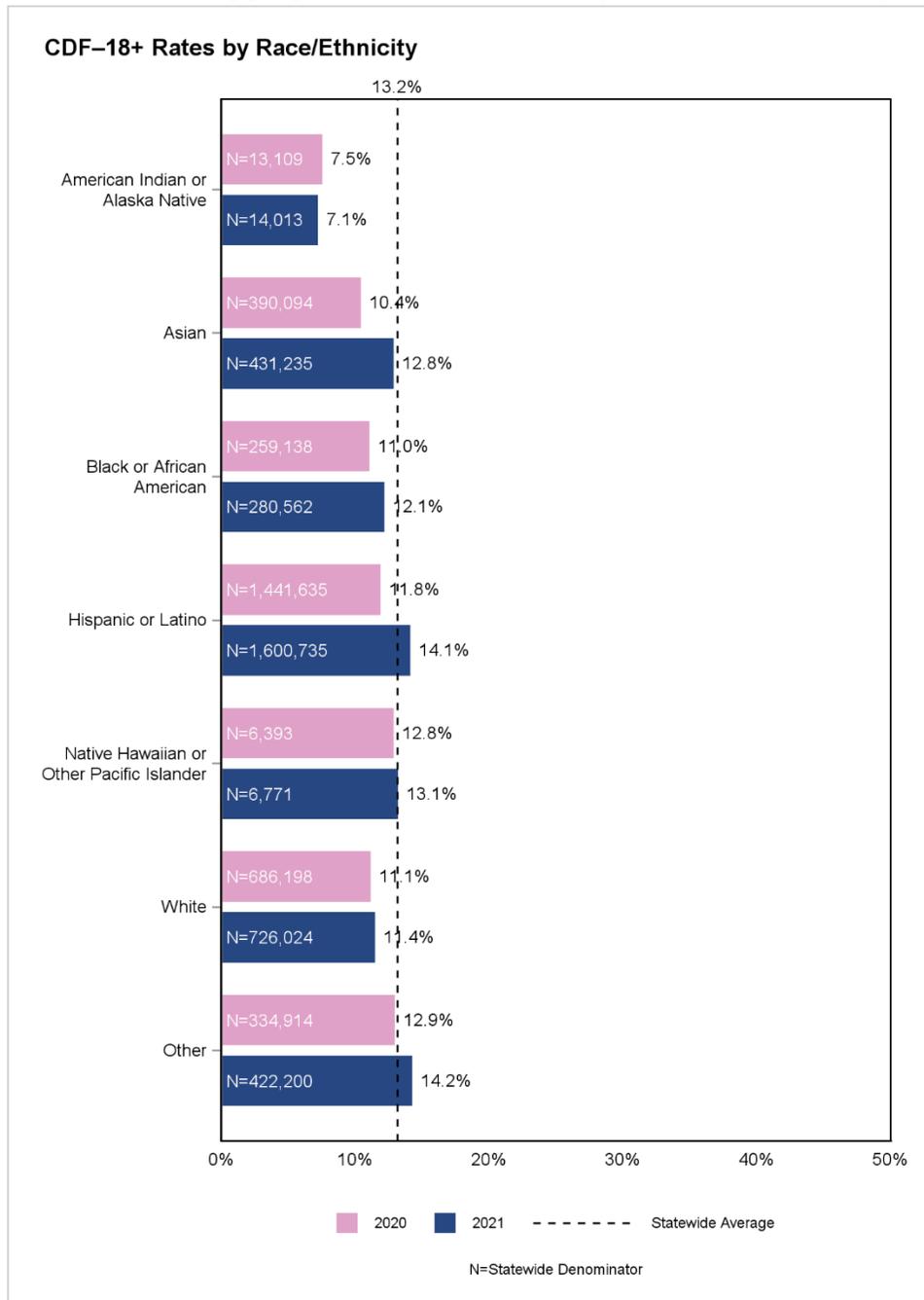


Figure C.163—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF-18+) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 6.8 percent (N=20,396) and 7.3 percent (N=19,130), respectively.

The following are the measurement year 2020 denominator sizes for select primary language groups: Armenian (25,417) and Hmong (5,528).

The following are the measurement year 2021 denominator sizes for select primary language groups: Armenian (25,370) and Hmong (5,566).

The statewide aggregate for measurement year 2020 was 11.5 percent.

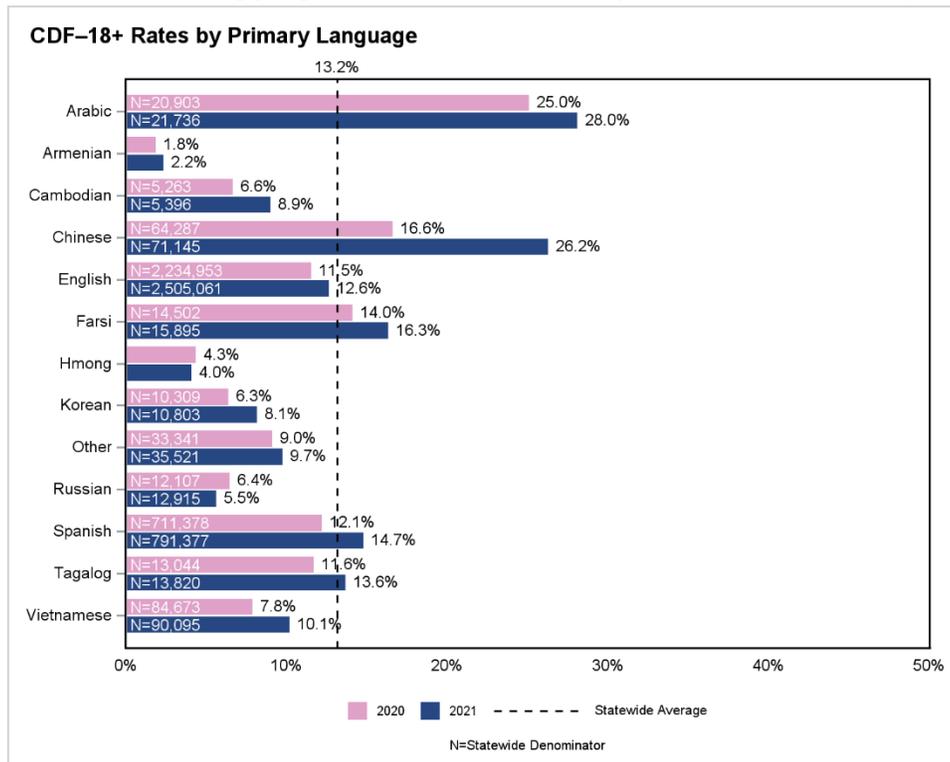


Figure C.164—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF-18+) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 2.9 percent (N=9,633) and 2.9 percent (N=9,894), respectively.

The statewide aggregate for measurement year 2020 was 11.5 percent.

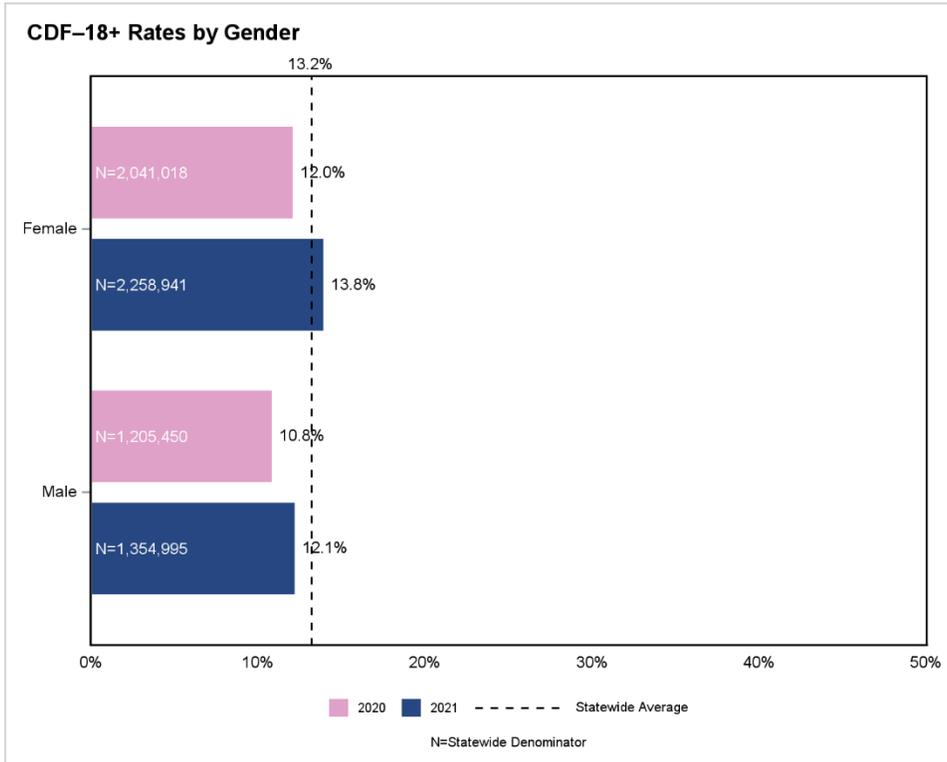
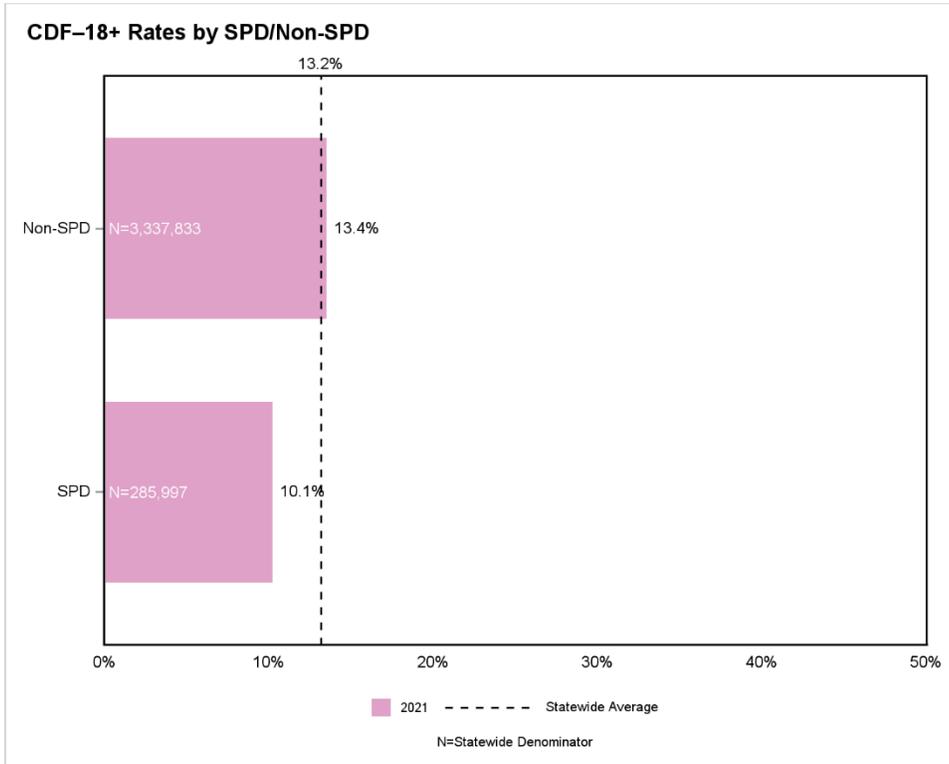


Figure C.165—Screening for Depression and Follow-Up Plan—Ages 18+ Years (CDF-18+) Rates by SPD/Non-SPD



Acute and Chronic Disease Management Domain

Figure C.166 through Figure C.200 display the demographic stratification results for the Acute and Chronic Disease Management domain.

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 C.166—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group was 29.3 (N=5,154,152) and 31.9 (N=5,801,146) emergency department visits per 1,000 member months, respectively.

A higher or lower rate does not necessarily indicate better or worse performance.

The measurement year 2020 statewide aggregate was 32.0 emergency department visits per 1,000 member months.

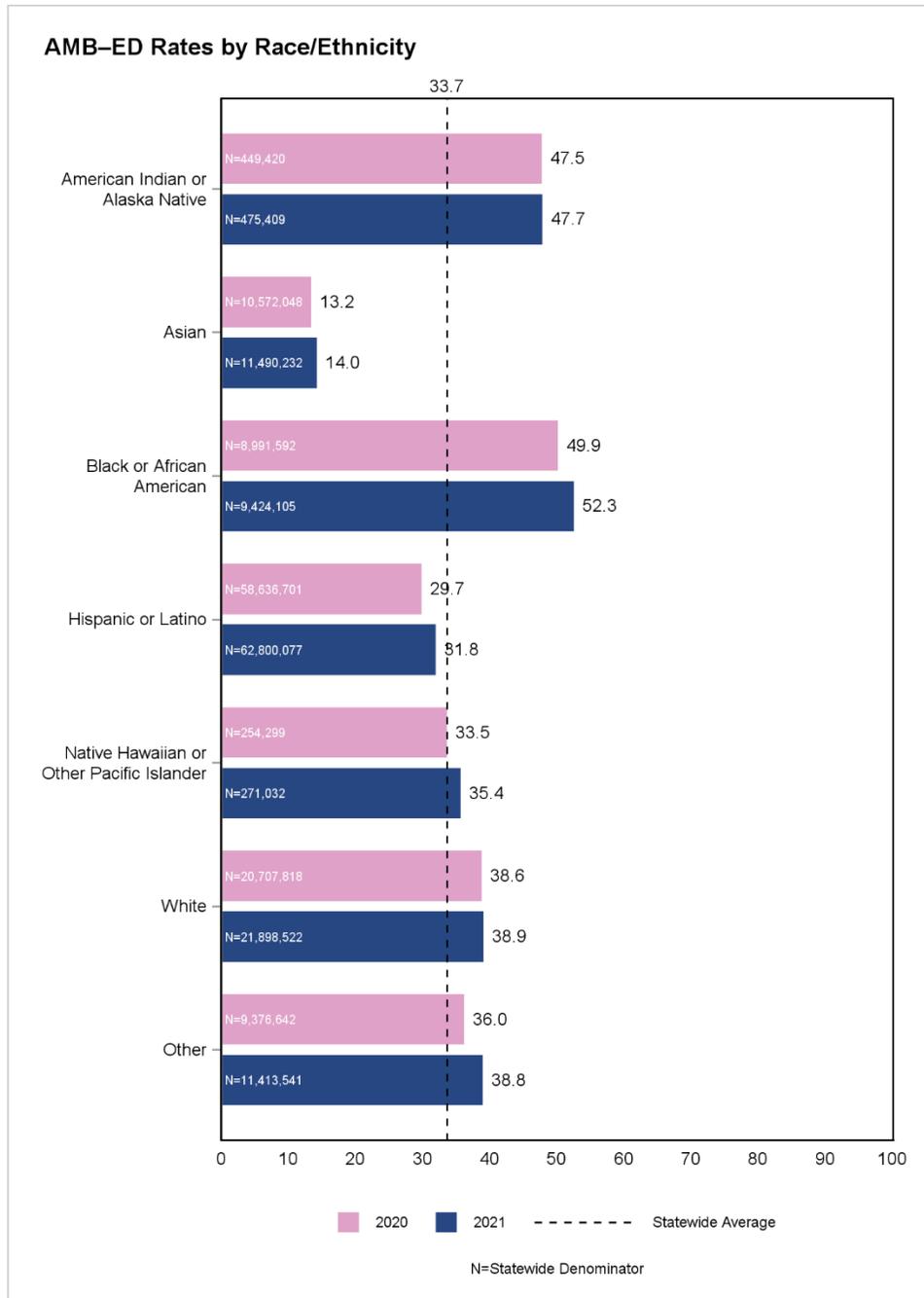


Figure C.167—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group was 26.1 (N=302,720) and 26.0 (N=262,627) emergency department visits per 1,000 member months, respectively.

A higher or lower rate does not necessarily indicate better or worse performance.

The measurement year 2020 denominator size for the Chinese primary language group was 1,738,325.

The measurement year 2020 statewide aggregate was 32.0 emergency department visits per 1,000 member months.

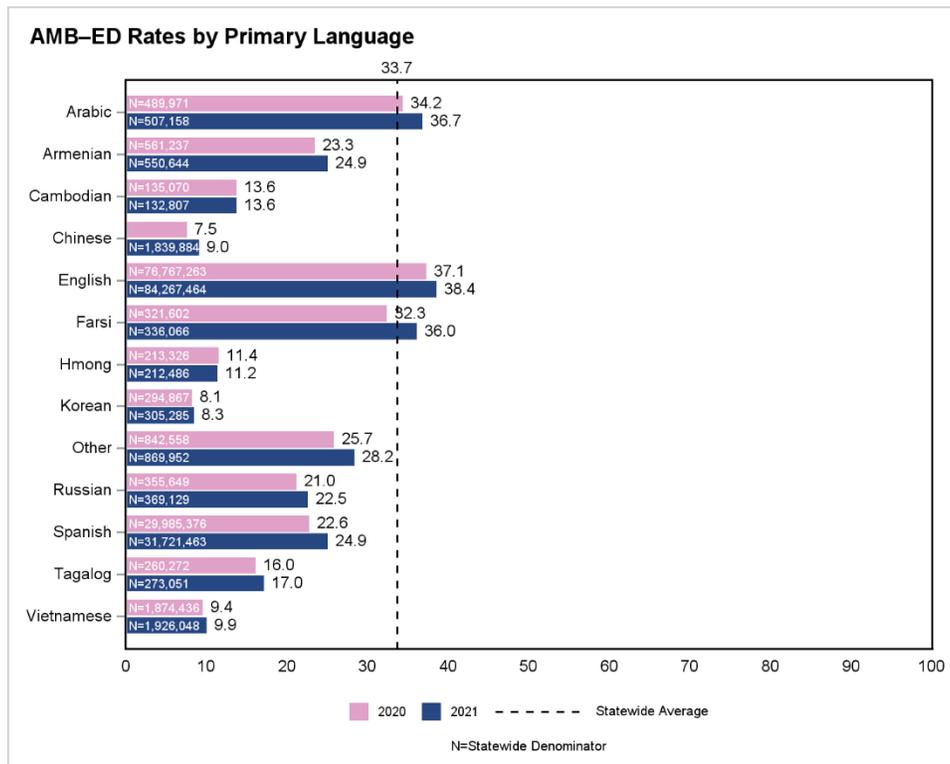


Figure C.168—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Age

Note: A higher or lower rate does not necessarily indicate better or worse performance. The measurement year 2020 statewide aggregate was 32.0 emergency department visits per 1,000 member months.

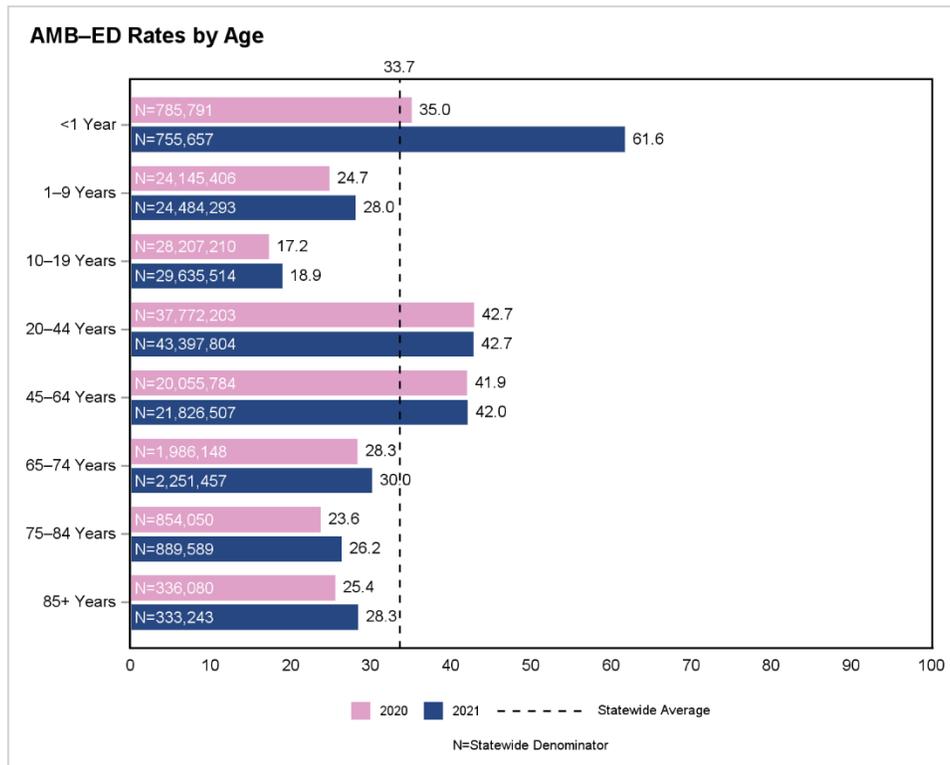


Figure C.169—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB–ED) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group was 37.1 (N=41,174) and 37.3 (N=48,286) emergency department visits per 1,000 member months, respectively.

A higher or lower rate does not necessarily indicate better or worse performance.

The measurement year 2020 statewide aggregate was 32.0 emergency department visits per 1,000 member months.

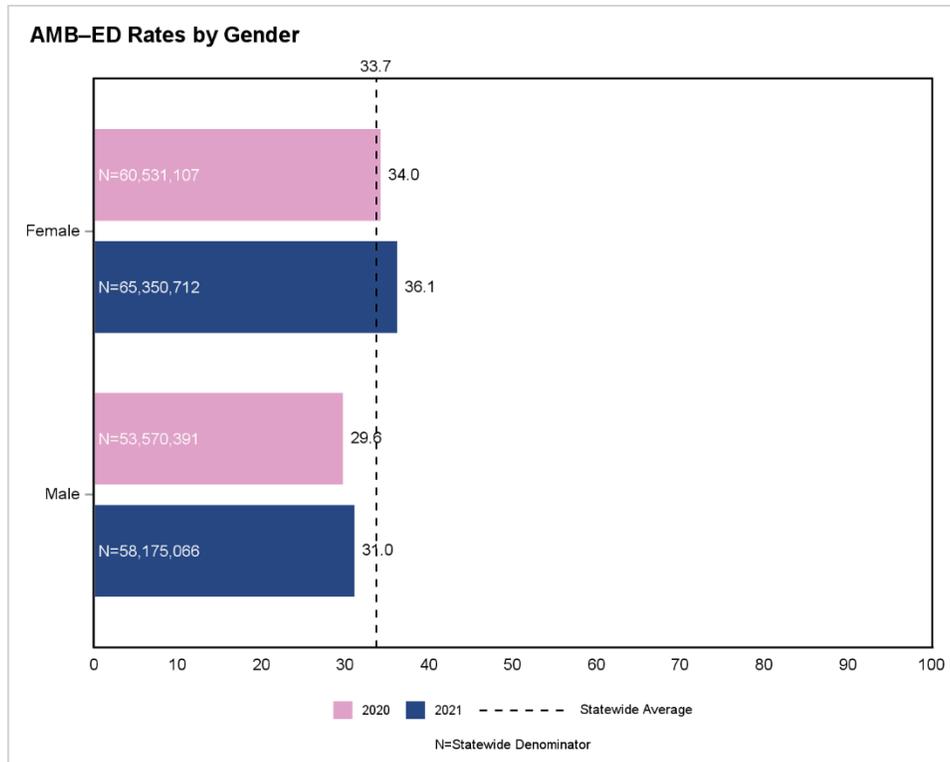
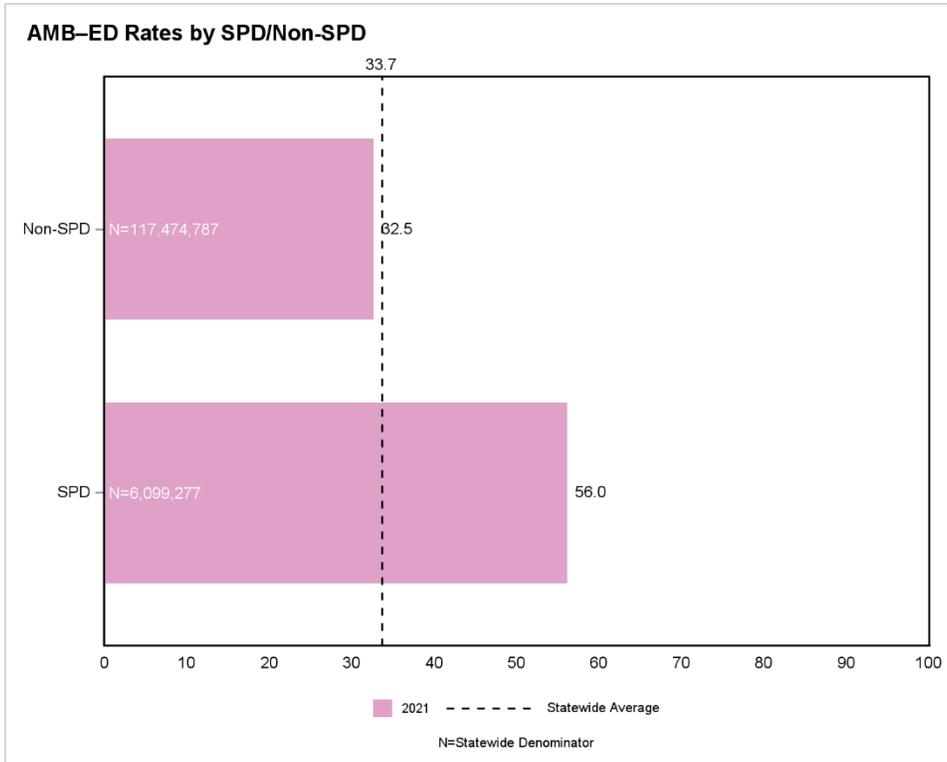


Figure C.170—Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total (AMB-ED) Rates by SPD/Non-SPD

Note: A higher or lower rate does not necessarily indicate better or worse performance.



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 C.171—Asthma Medication Ratio—Total (AMR) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 66.1 percent (N=3,807) and 65.9 percent (N=3,529), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 62.4 percent and 73.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 64.8 percent.

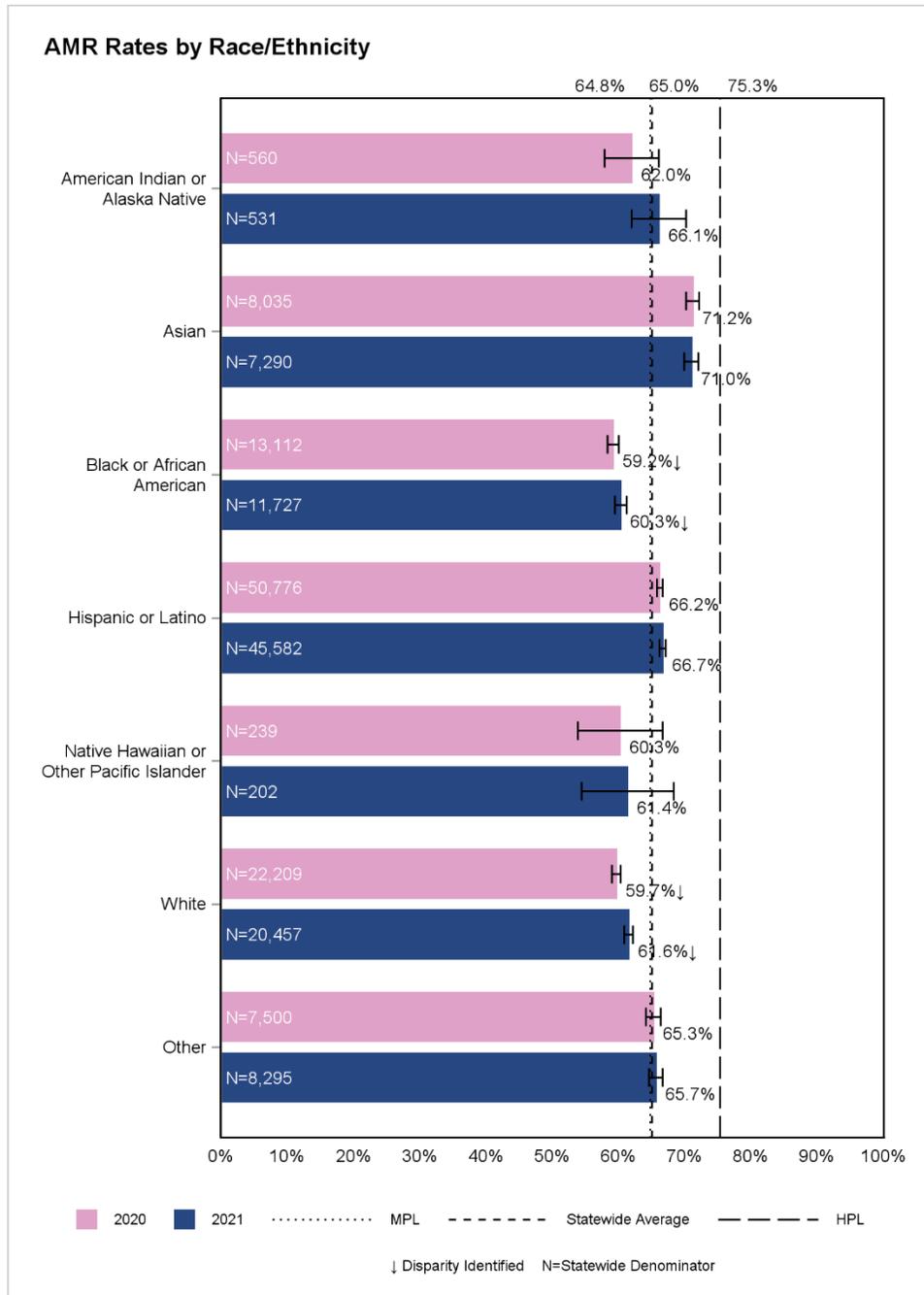


Figure C.172—Asthma Medication Ratio—Total (AMR) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 67.0 percent (N=264) and 63.8 percent (N=207), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 62.4 percent and 73.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 64.8 percent.

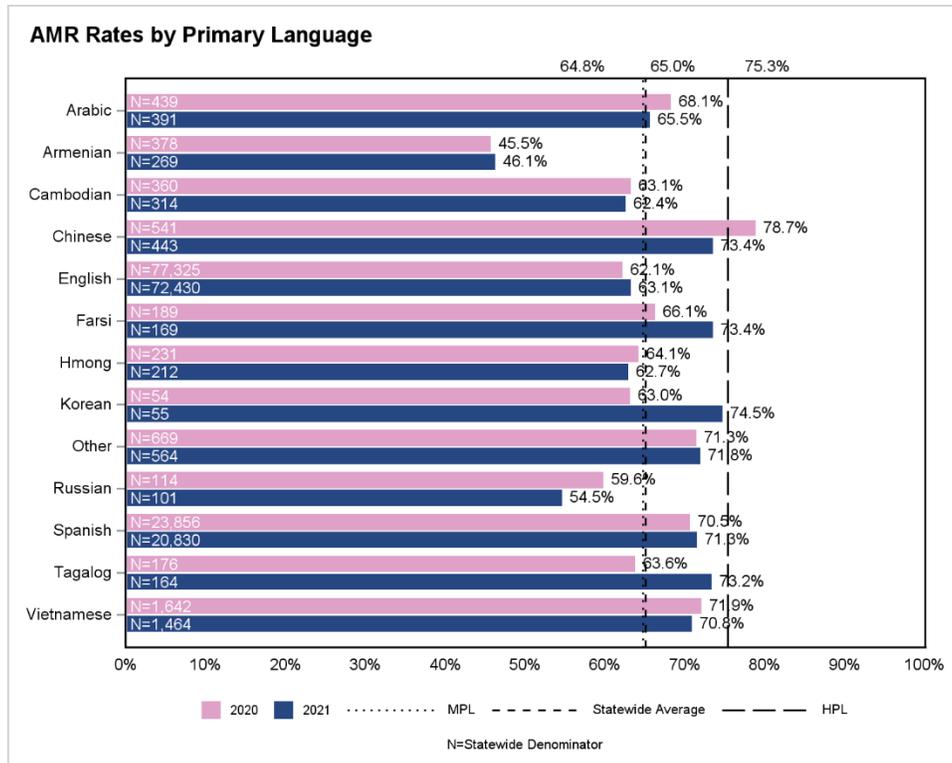


Figure C.173—Asthma Medication Ratio—Total (AMR) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 62.4 percent and 73.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 64.3 percent.

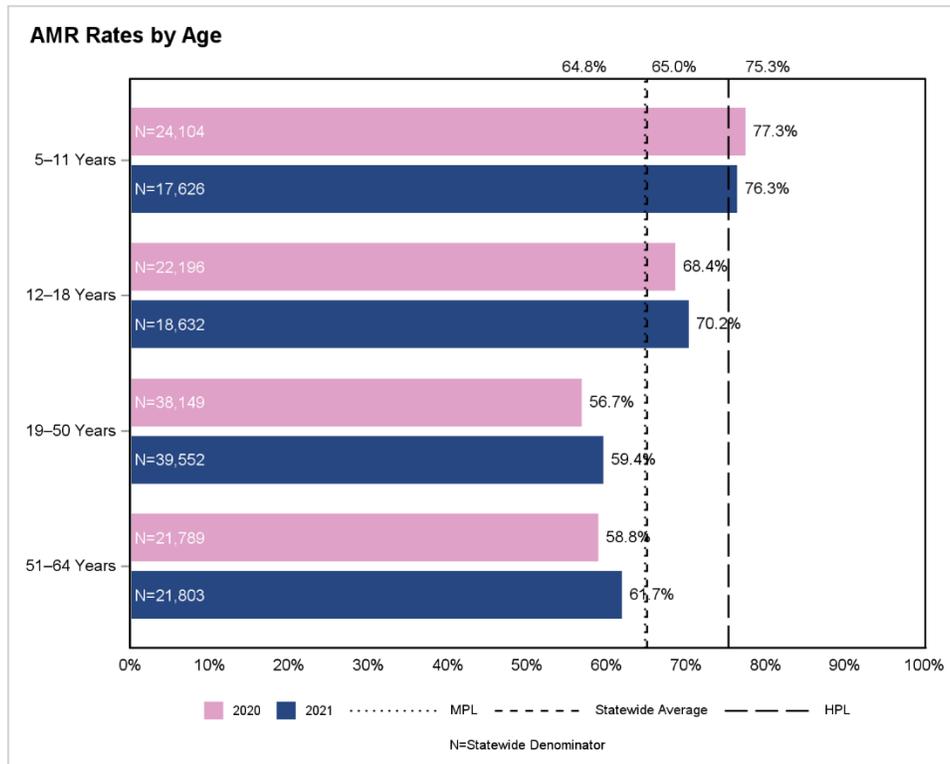


Figure C.174—Asthma Medication Ratio—Total (AMR) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 62.4 percent and 73.4 percent, respectively.

The statewide aggregate for measurement year 2020 was 64.3 percent.

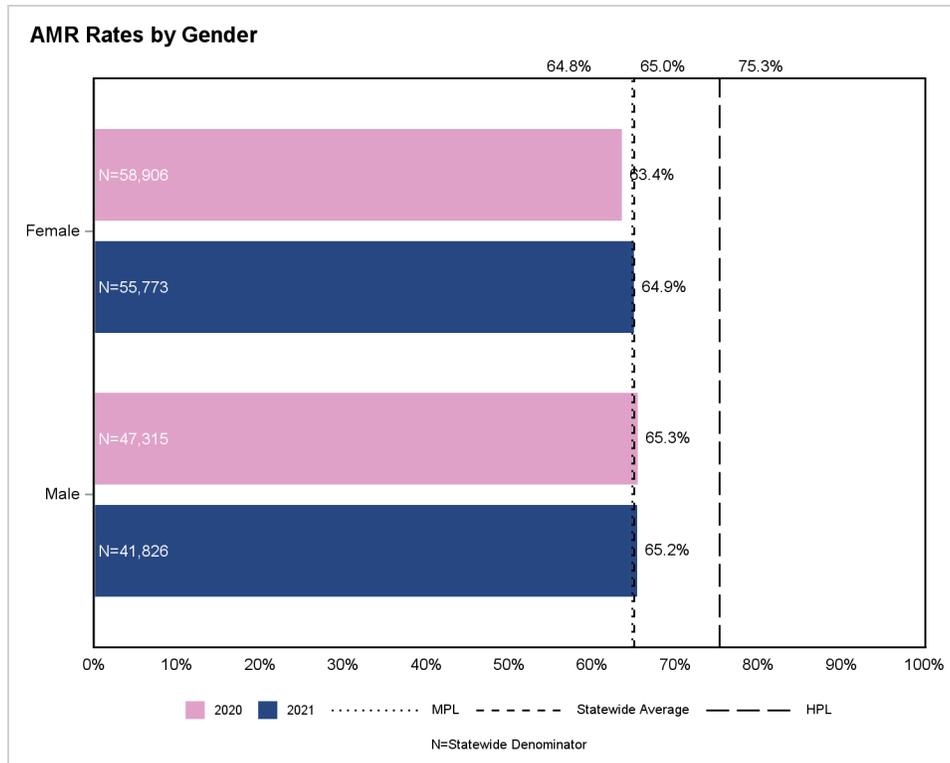
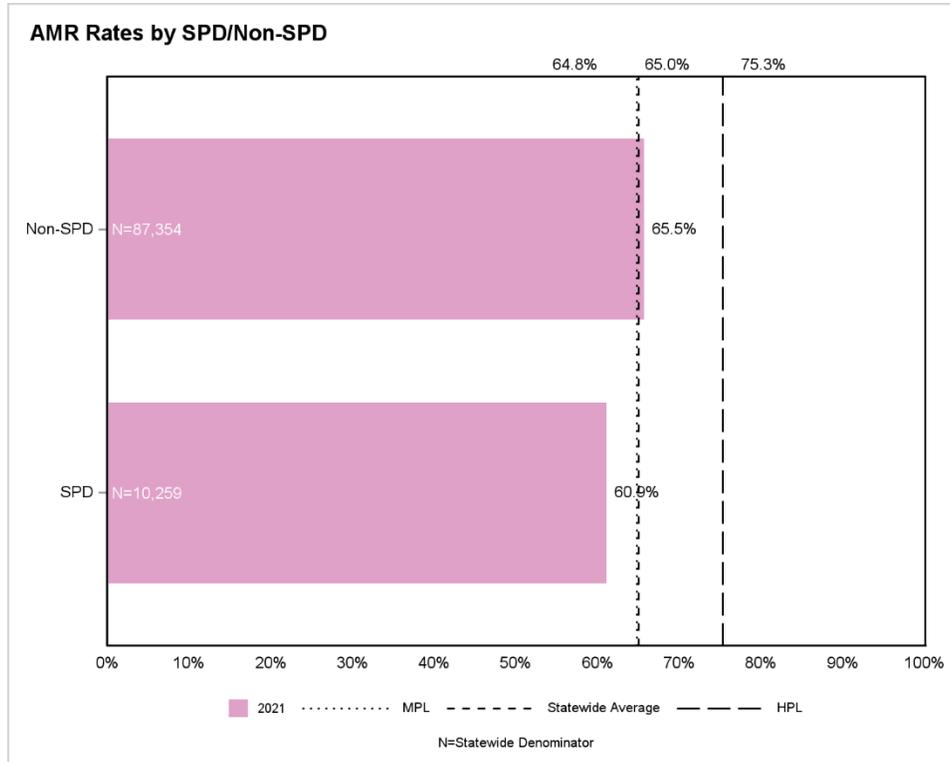


Figure C.175—Asthma Medication Ratio—Total (AMR) Rates by SPD/Non-SPD

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total (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 C.176—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total (CDC-H9) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 39.5 percent (N=767) and 37.0 percent (N=808), respectively.

A lower rate indicates more favorable performance for this indicator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.5 percent and 28.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 40.9 percent.

CDC-H9 Rates by Race/Ethnicity

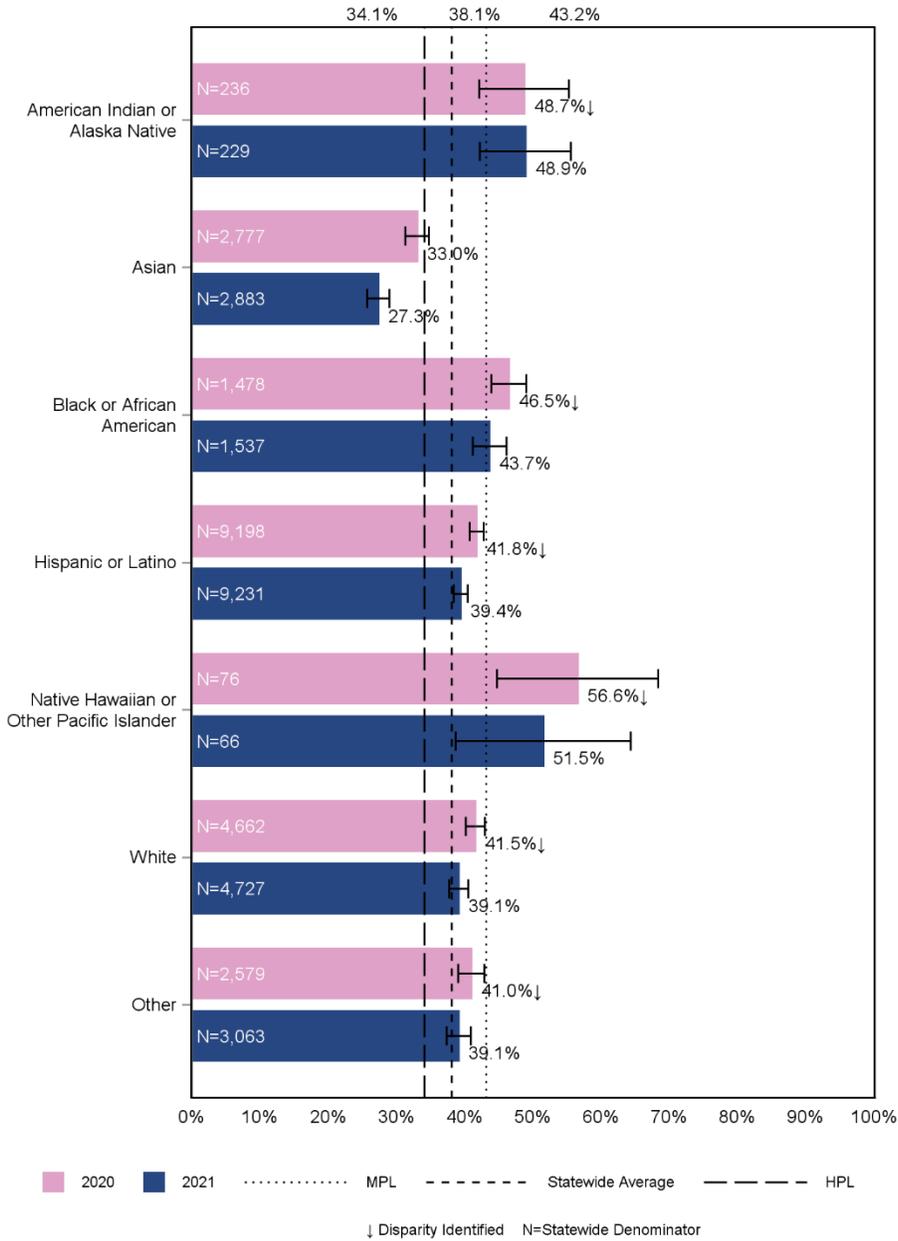


Figure C.177—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total (CDC–H9) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 33.9 percent (N=109) and 27.5 percent (N=102), respectively.

A lower rate indicates more favorable performance for this indicator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.5 percent and 28.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 40.9 percent.

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).

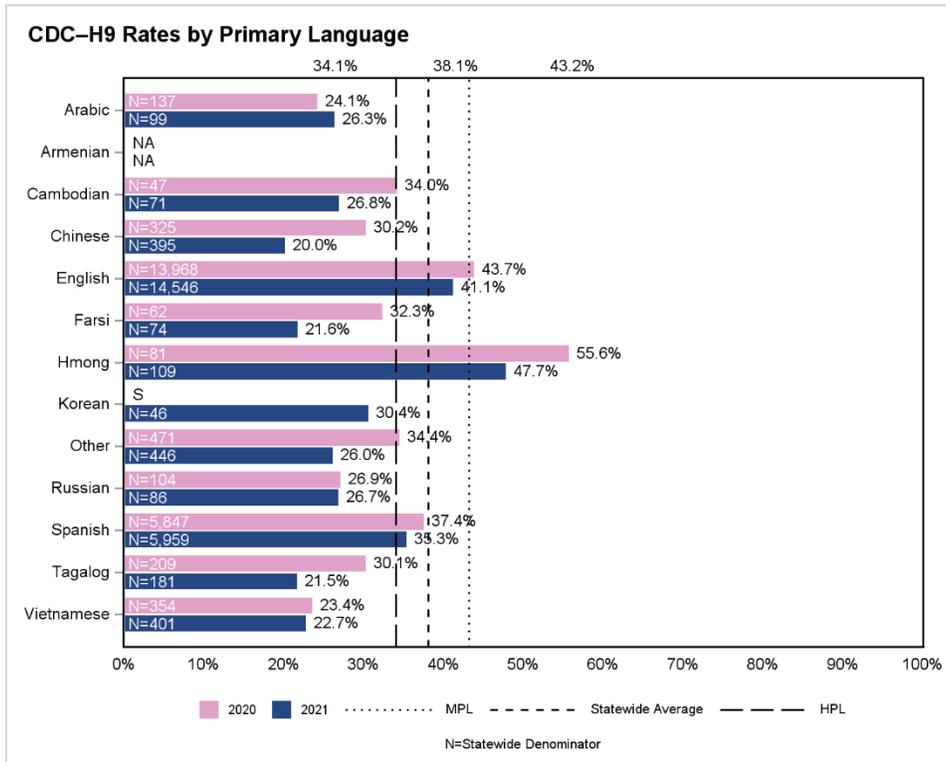


Figure C.178—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total (CDC–H9) Rates by Age

Note: A lower rate indicates more favorable performance for this indicator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.5 percent and 28.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 40.9 percent.

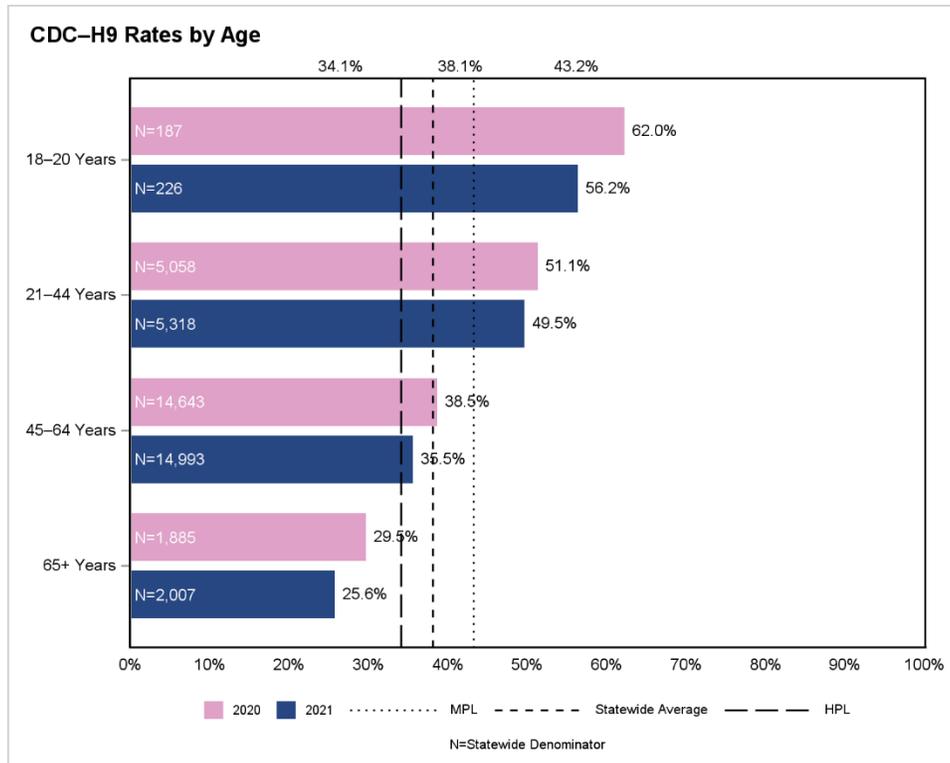


Figure C.179—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total (CDC–H9) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

A lower rate indicates more favorable performance for this indicator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The minimum performance level and high performance level for measurement year 2020 were 37.5 percent and 28.0 percent, respectively.

The statewide aggregate for measurement year 2020 was 40.9 percent.

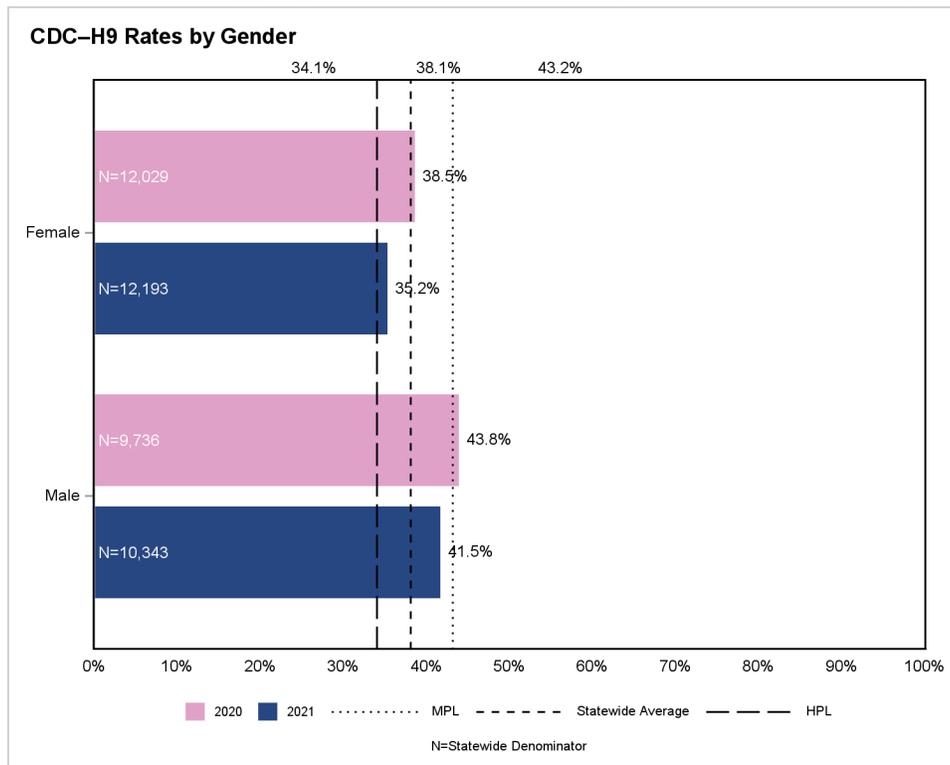
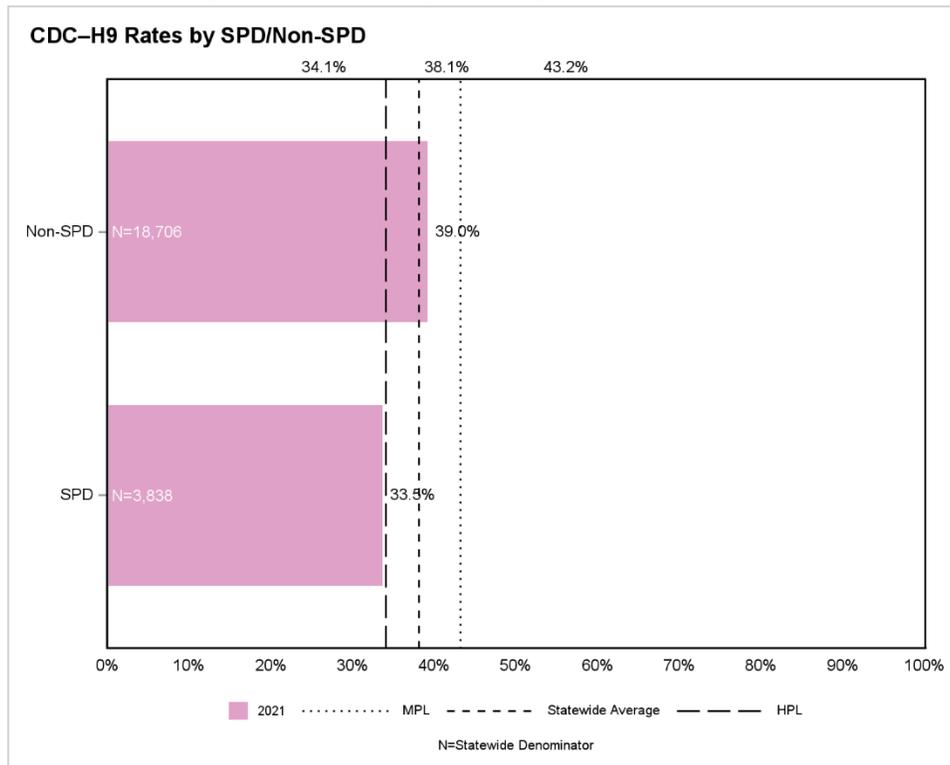


Figure C.180—Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)—Total (CDC-H9) Rates by SPD/Non-SPD

Note: A lower rate indicates more favorable performance for this indicator.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



Concurrent Use of Opioids and Benzodiazepines—Total (COB)

The *Concurrent Use of Opioids and Benzodiazepines—Total (COB)* indicator measures the percentage of members age 18 and older with concurrent use of prescription opioids and benzodiazepines.

Figure C.181—Concurrent Use of Opioids and Benzodiazepines—Total (COB) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 13.4 percent (N=6,534) and 11.9 percent (N=5,840), respectively.

A lower rate indicates more favorable performance for this indicator.

The measurement year 2020 and 2021 denominators for the Asian racial/ethnic group were 7,000 and 6,173, respectively.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 16.3 percent.

The statewide aggregate for measurement year 2020 was 12.3 percent.

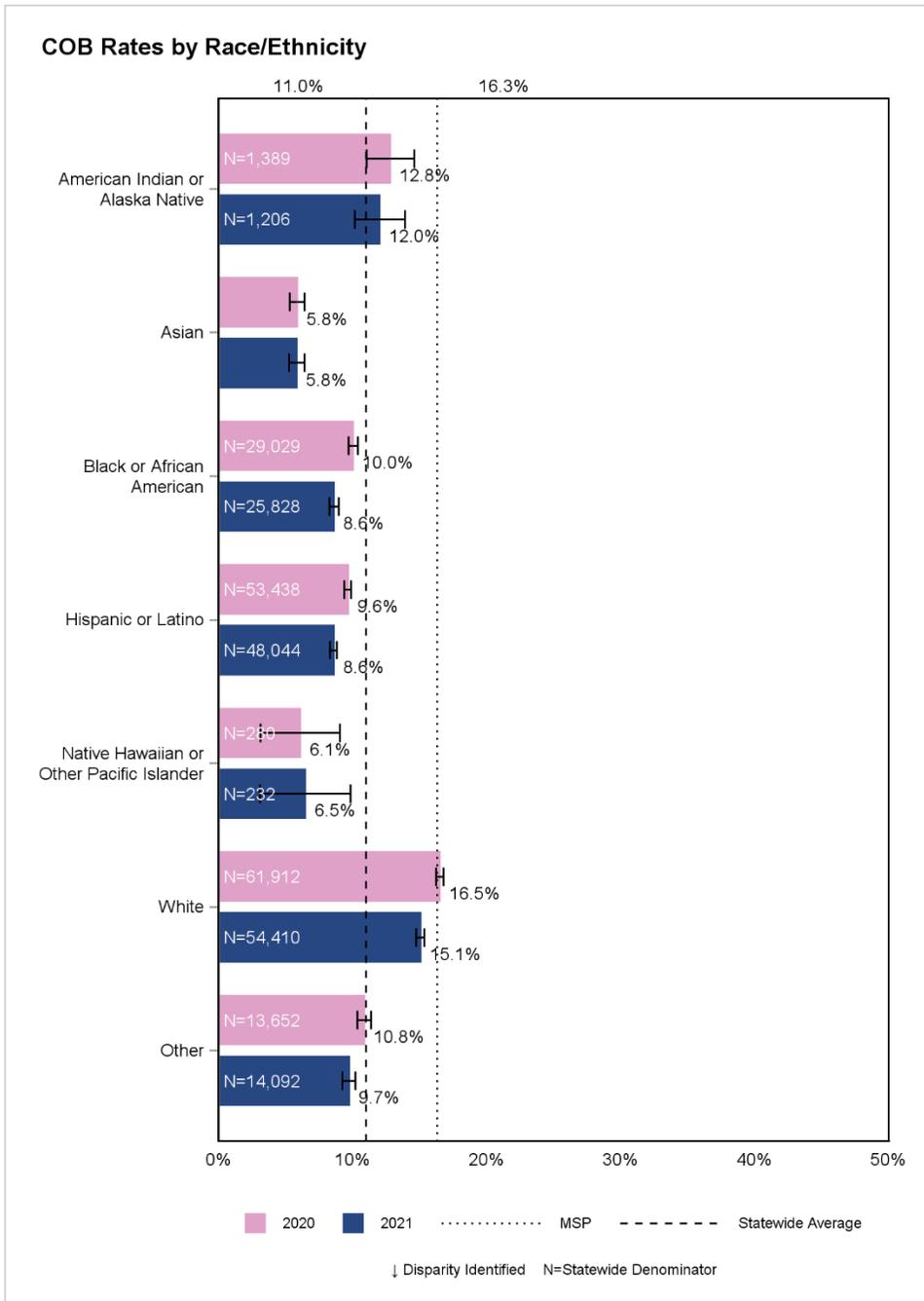


Figure C.182—Concurrent Use of Opioids and Benzodiazepines—Total (COB) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 19.0 percent (N=627) and 16.4 percent (N=426), respectively.

A lower rate indicates more favorable performance for this indicator.

The following are the measurement year 2020 denominator sizes for select primary language groups: Other (1,012) and Vietnamese (1,529).

The measurement year 2021 denominator size for the Vietnamese primary language group was 1,404.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 16.3 percent.

The statewide aggregate for measurement year 2020 was 12.3 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

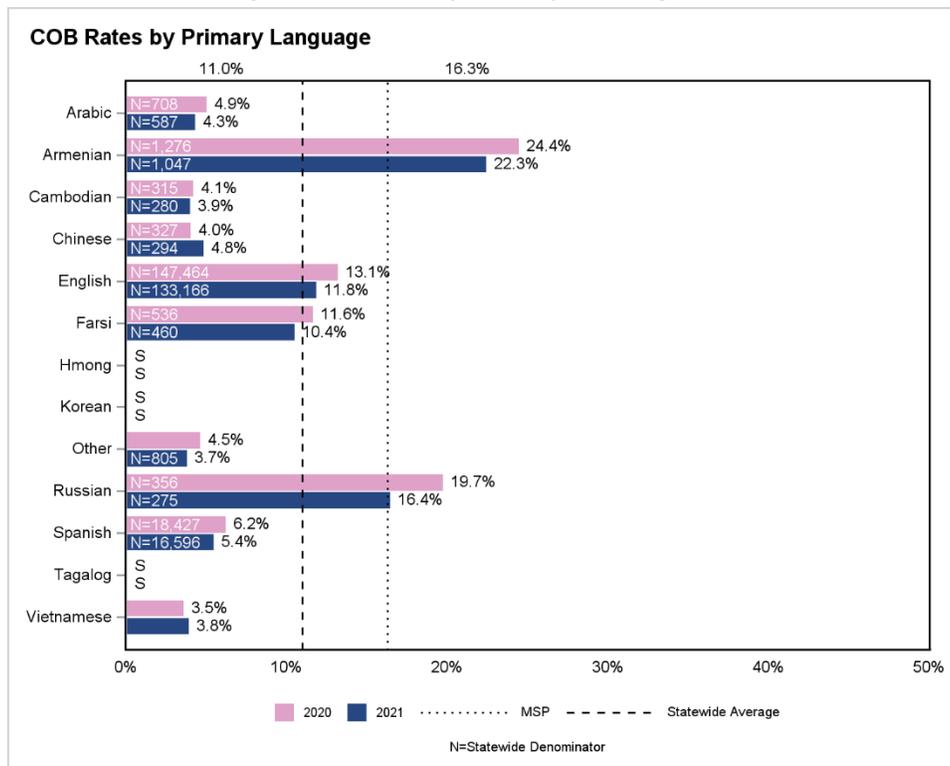


Figure C.183—Concurrent Use of Opioids and Benzodiazepines—Total (COB) Rates by Age

Note: A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 16.3 percent.

The statewide aggregate for measurement year 2020 was 12.3 percent.

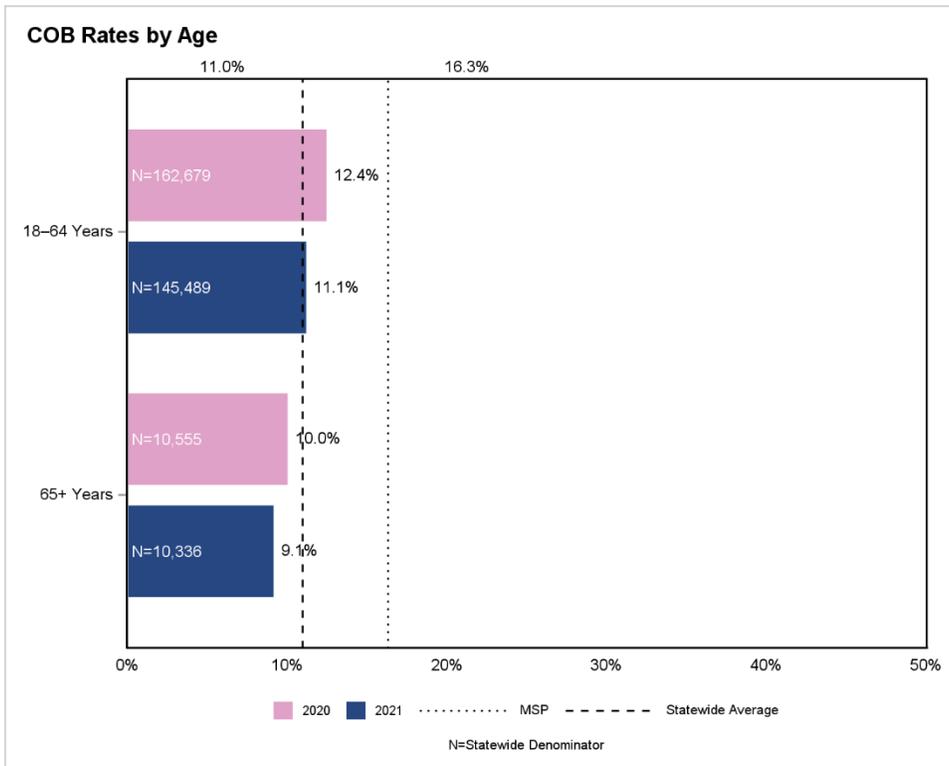


Figure C.184—Concurrent Use of Opioids and Benzodiazepines—Total (COB) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

A lower rate indicates more favorable performance for this indicator.

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 16.3 percent.

The statewide aggregate for measurement year 2020 was 12.3 percent.

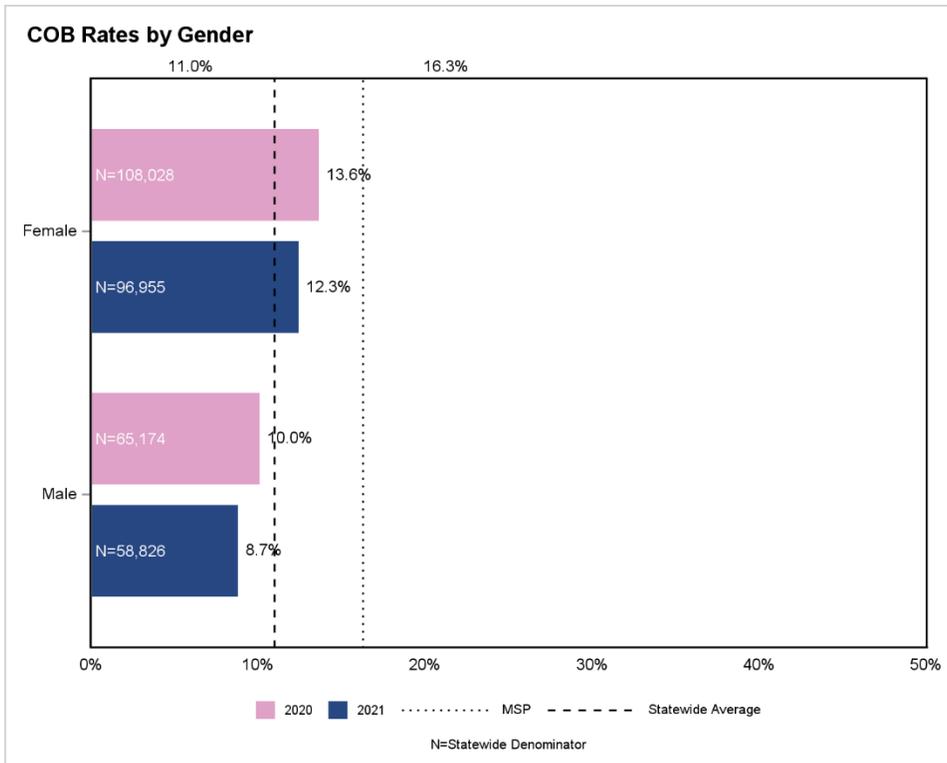
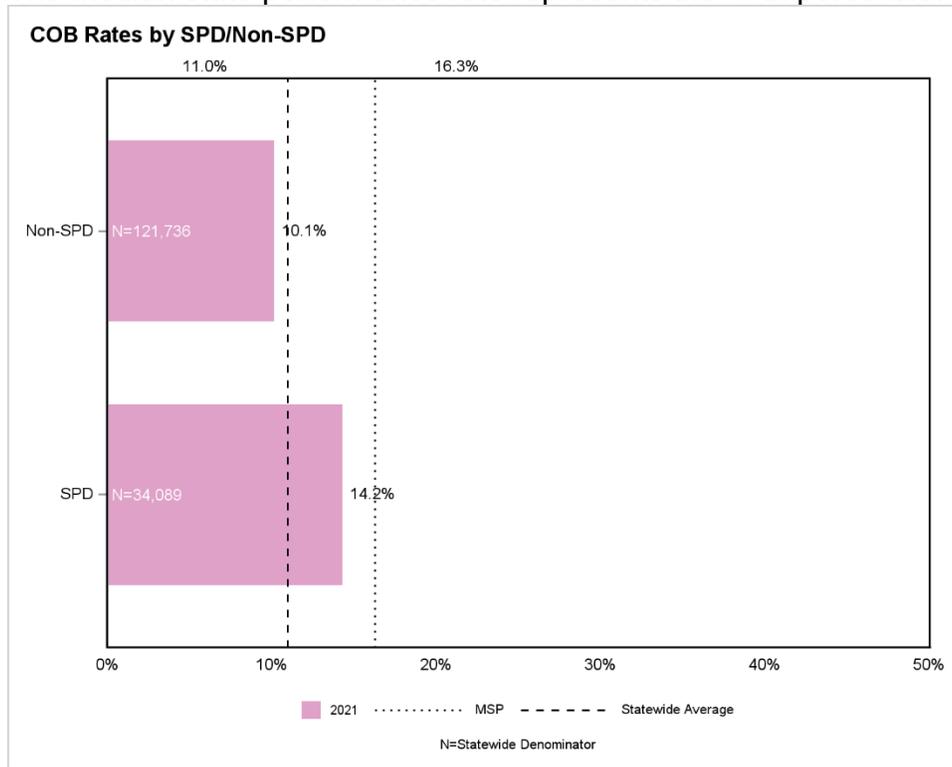


Figure C.185—Concurrent Use of Opioids and Benzodiazepines—Total (COB) Rates by SPD/Non-SPD

Note: A lower rate indicates more favorable performance for this indicator.
 The median state performance rate represents the 50th percentile.



Controlling High Blood Pressure—Total (CBP)

The *Controlling High Blood Pressure—Total (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 C.186—Controlling High Blood Pressure—Total (CBP) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 57.6 percent (N=912) and 56.9 percent (N=837), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 55.4 percent.

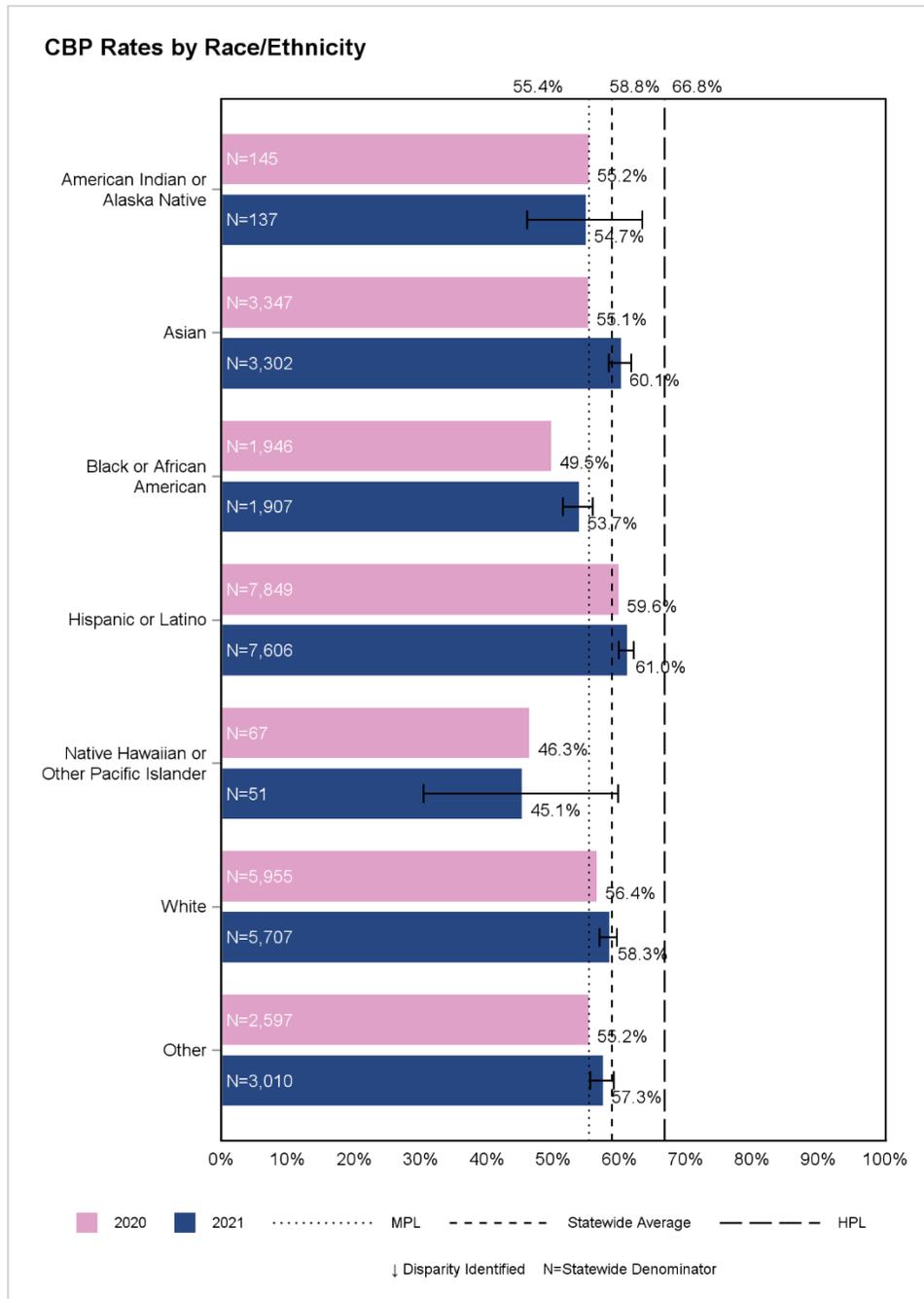


Figure C.187—Controlling High Blood Pressure—Total (CBP) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 59.9 percent (N=147) and 68.0 percent (N=100), respectively.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 55.4 percent.

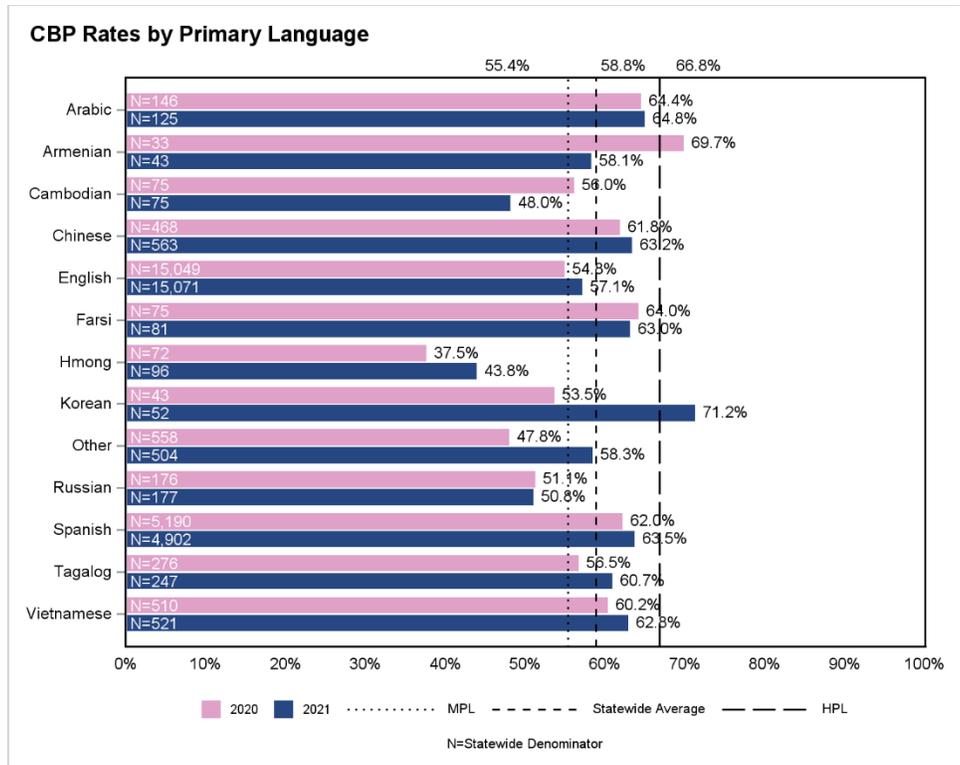


Figure C.188—Controlling High Blood Pressure—Total (CBP) Rates by Age

Note: The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 56.6 percent.

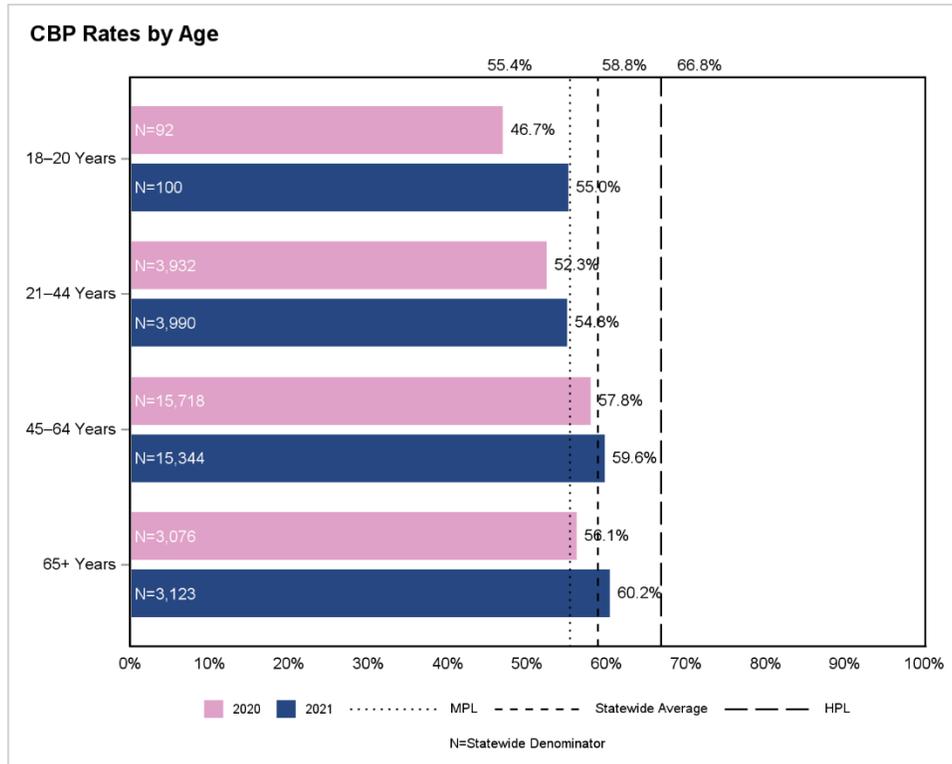


Figure C.189—Controlling High Blood Pressure—Total (CBP) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.

The statewide aggregate for measurement year 2020 was 56.6 percent.

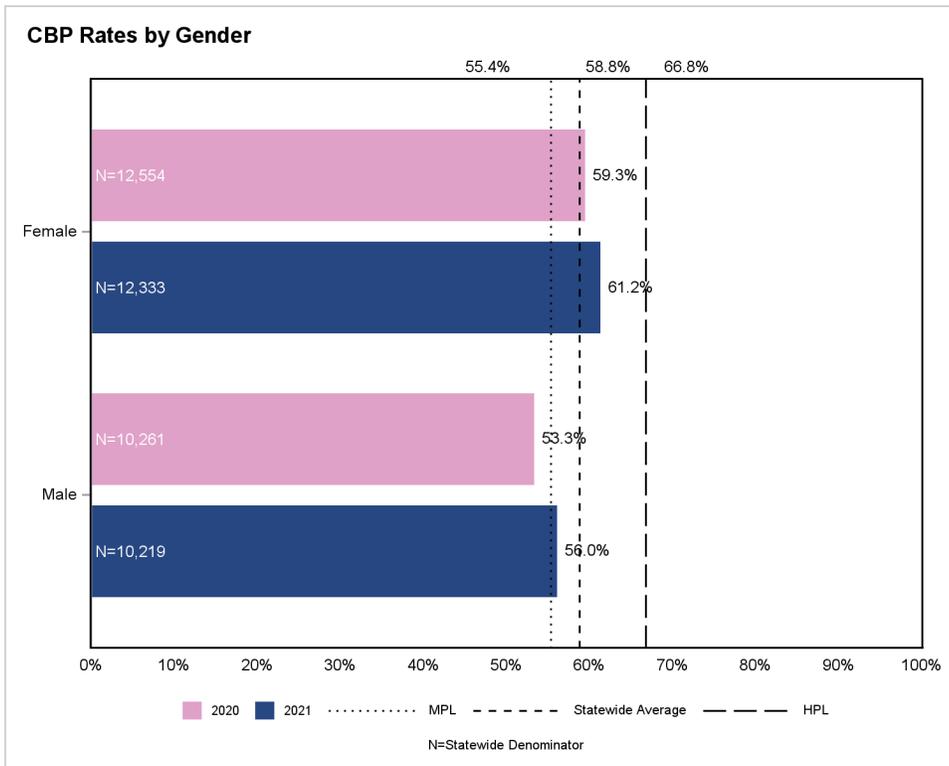
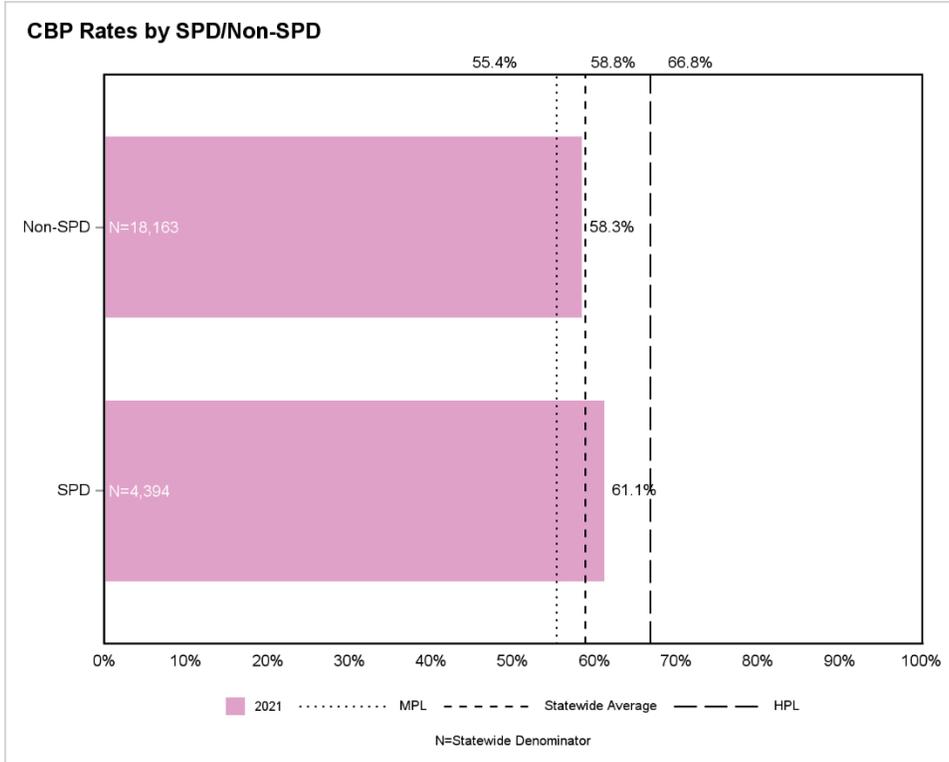


Figure C.190—Controlling High Blood Pressure—Total (CBP) Rates by SPD/Non-SPD

The minimum performance level and high performance level represent the national Medicaid 50th and 90th percentiles, respectively, for this indicator.



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 C.191—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 9.2 percent (N=7,320) and 9.3 percent (N=7,933), respectively.

A lower rate indicates more favorable performance for this indicator.

The statewide aggregate for measurement year 2020 was 9.3 percent.

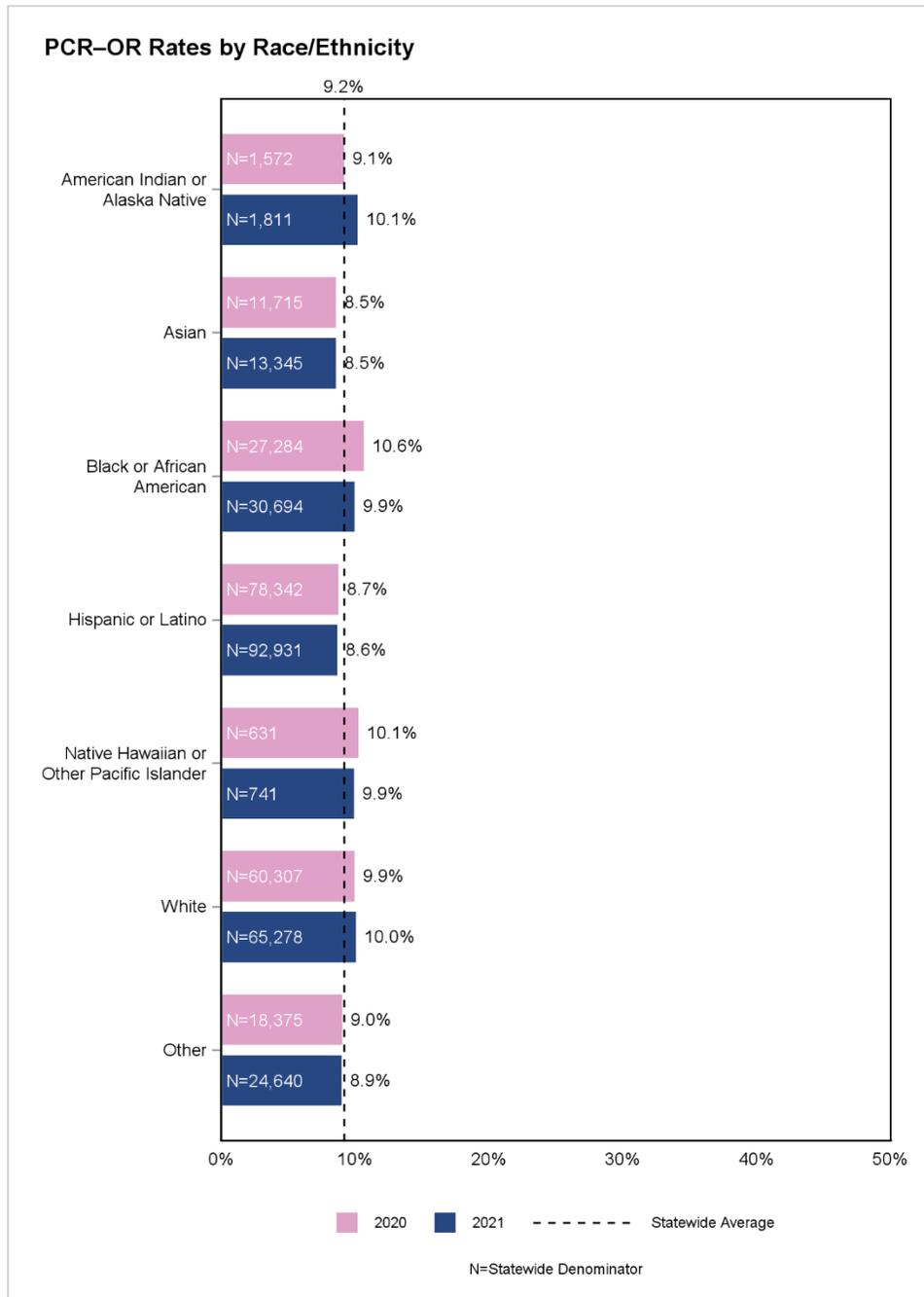


Figure C.192—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 9.5 percent (N=1,030) and 10.3 percent (N=937), respectively.

A lower rate indicates more favorable performance for this indicator.

The statewide aggregate for measurement year 2020 was 9.3 percent.

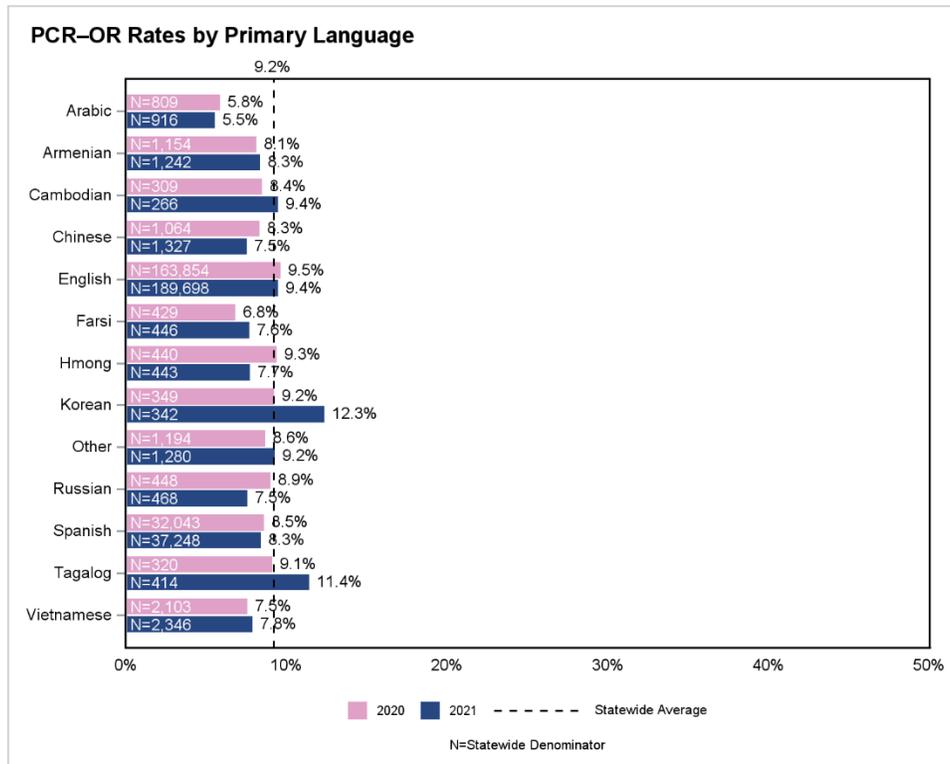


Figure C.193—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Age

Note: A lower rate indicates more favorable performance for this indicator. The statewide aggregate for measurement year 2020 was 9.3 percent.

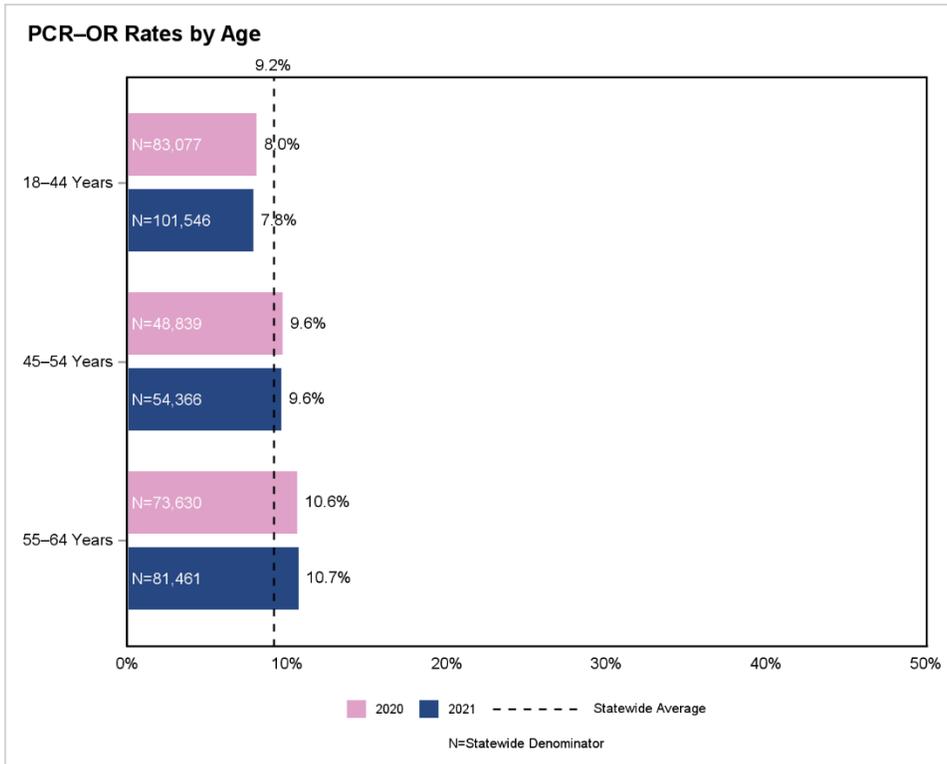


Figure C.194—Plan All-Cause Readmissions—Observed Readmission Rate—Total (PCR–OR) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small denominators.

A lower rate indicates more favorable performance for this indicator.

The statewide aggregate for measurement year 2020 was 9.3 percent.

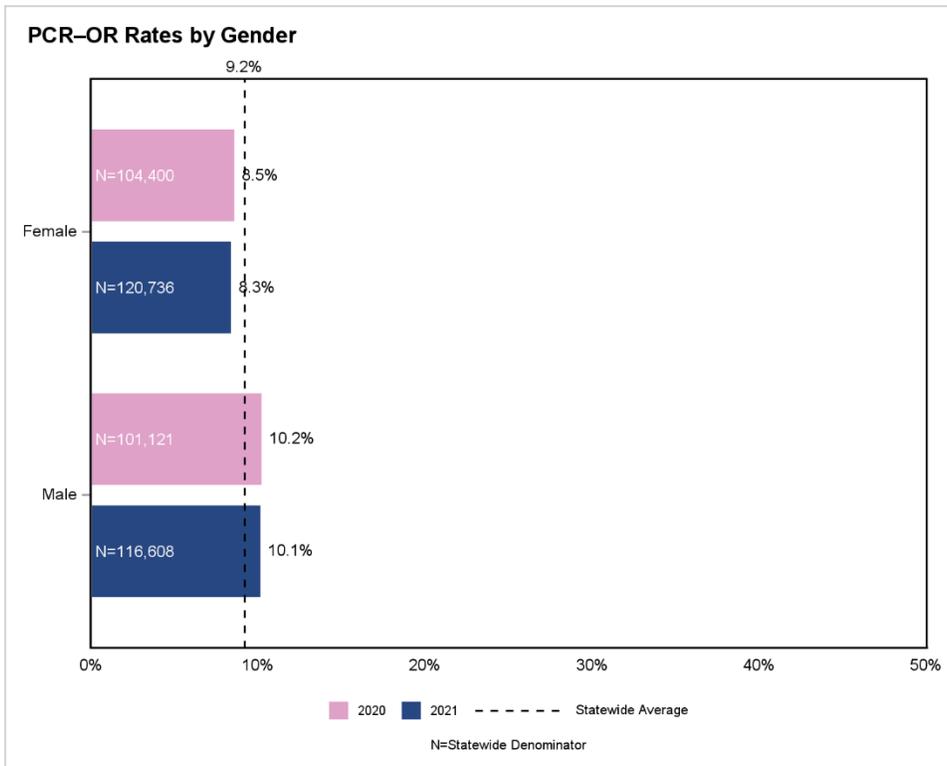
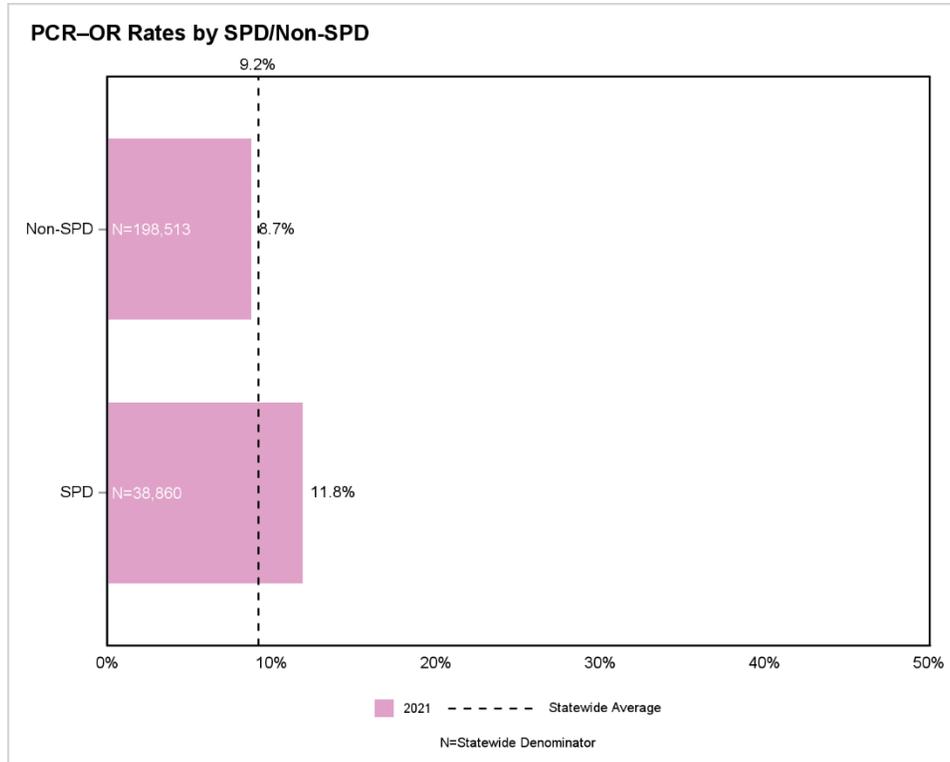


Figure C.195—Plan All-Cause Readmissions—Observed Admission Rate—Total (PCR–OR) Rates by SPD/Non-SPD

Note: A lower rate indicates more favorable performance for this indicator.



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

The *Use of Opioids at High Dosage in Persons Without Cancer—Total (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 C.196—Use of Opioids at High Dosage in Persons Without Cancer—Total (OHD) Rates by Race/Ethnicity

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 4.7 percent (N=5,619) and 5.1 percent (N=4,993), respectively.

A lower rate indicates more favorable performance for this indicator

The following are the measurement year 2020 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (1,220), Asian (4,843), Black or African American (26,145), Hispanic or Latino (44,534), White (54,090), and Other (11,139).

The following are the measurement year 2021 denominator sizes for select racial/ethnic groups: American Indian or Alaska Native (1,085), Asian (4,411), Black or African American (22,783), Hispanic or Latino (39,092), White (47,789), and Other (11,649).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 6.4 percent.

The statewide aggregate for measurement year 2020 was 4.4 percent.

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.

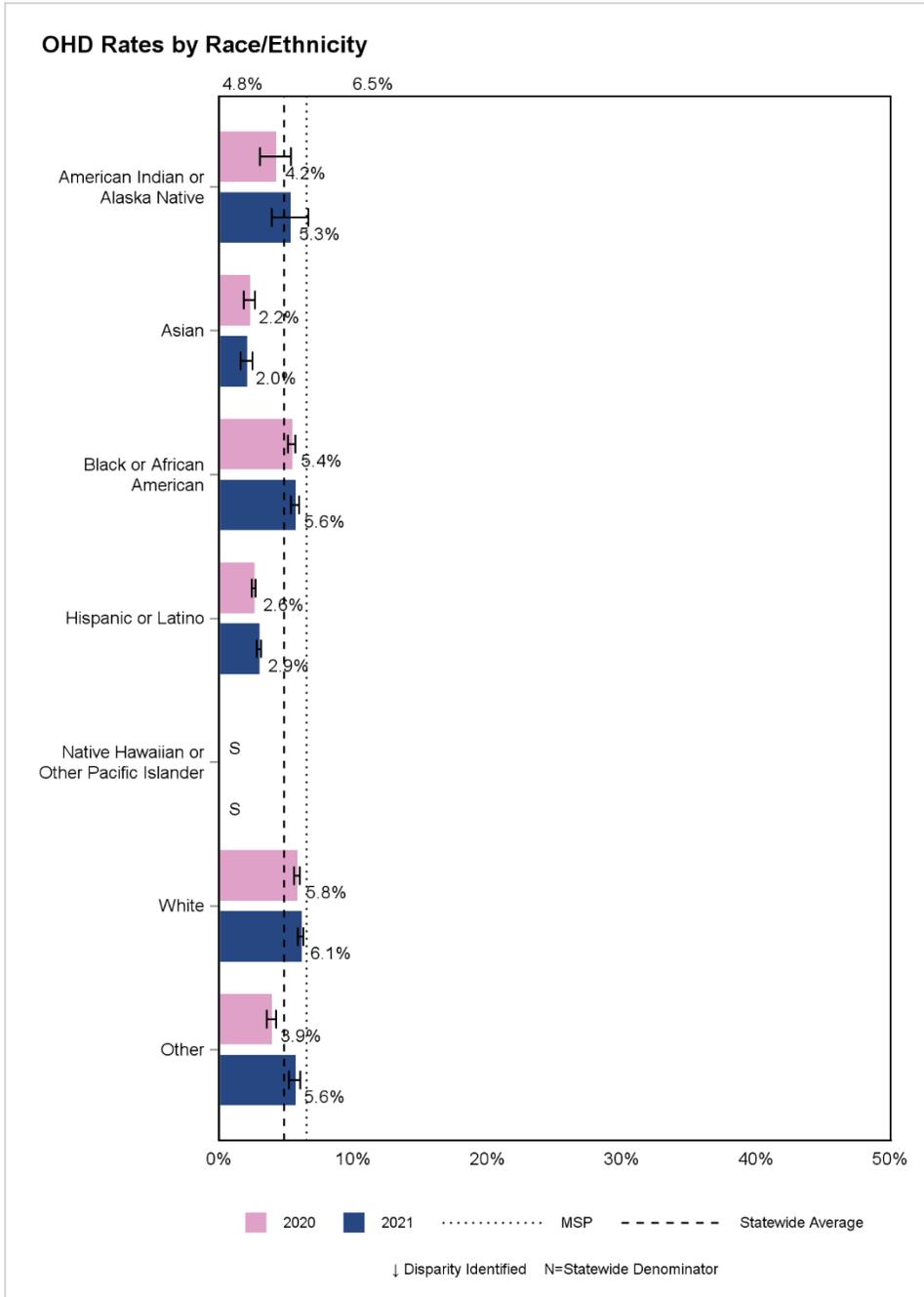


Figure C.197—Use of Opioids at High Dosage in Persons Without Cancer—Total (OHD) Rates by Primary Language

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were 7.9 percent (N=568) and 8.7 percent (N=381), respectively.

A lower rate indicates more favorable performance for this indicator

The following are the measurement year 2020 denominator sizes for select primary language groups: Armenian (1,021), English (127,718), and Spanish (14,686).

The following are the measurement year 2021 denominator sizes for select primary language groups: Armenian (761), Other (665), and Spanish (12,913).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 6.4 percent.

The statewide aggregate for measurement year 2020 was 4.4 percent.

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 (HIPPA) Privacy Rule’s de-identification standard.

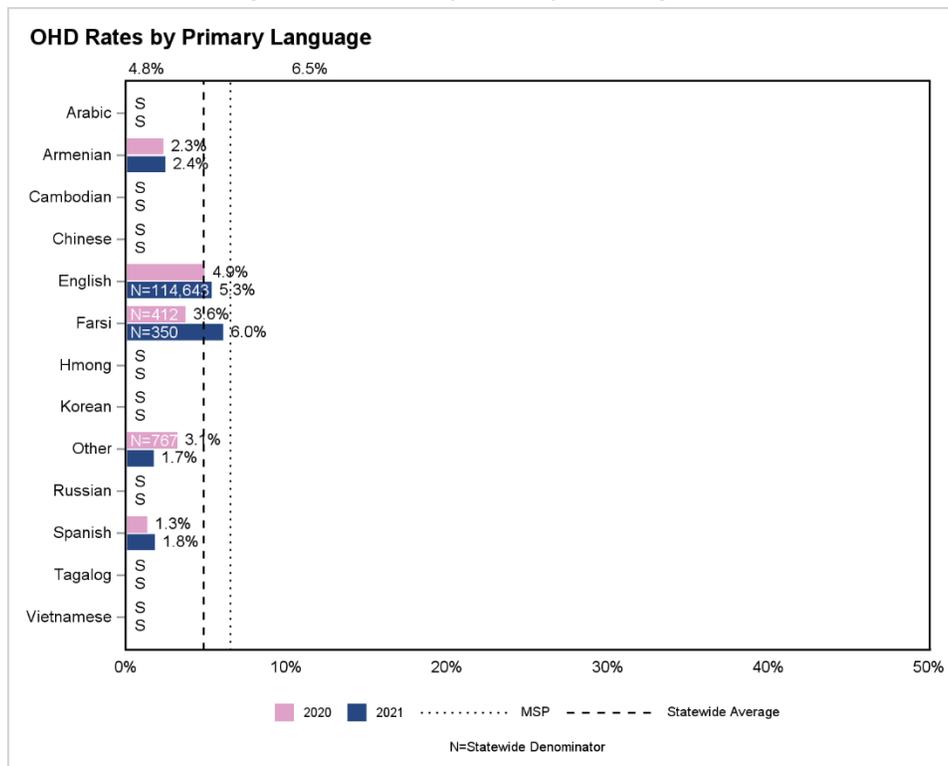


Figure C.198—Use of Opioids at High Dosage in Persons Without Cancer—Total (OHD) Rates by Age

Note: A lower rate indicates more favorable performance for this indicator.

The following are the measurement year 2020 denominator sizes for select Age groups: 18–64 Years (139,303) and 65+ Years (10,555)

The following are the measurement year 2021 denominator sizes for select Age groups: 18–64 Years (123,372) and 65+ Years (8,617).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 6.4 percent.

The statewide aggregate for measurement year 2020 was 4.4 percent.

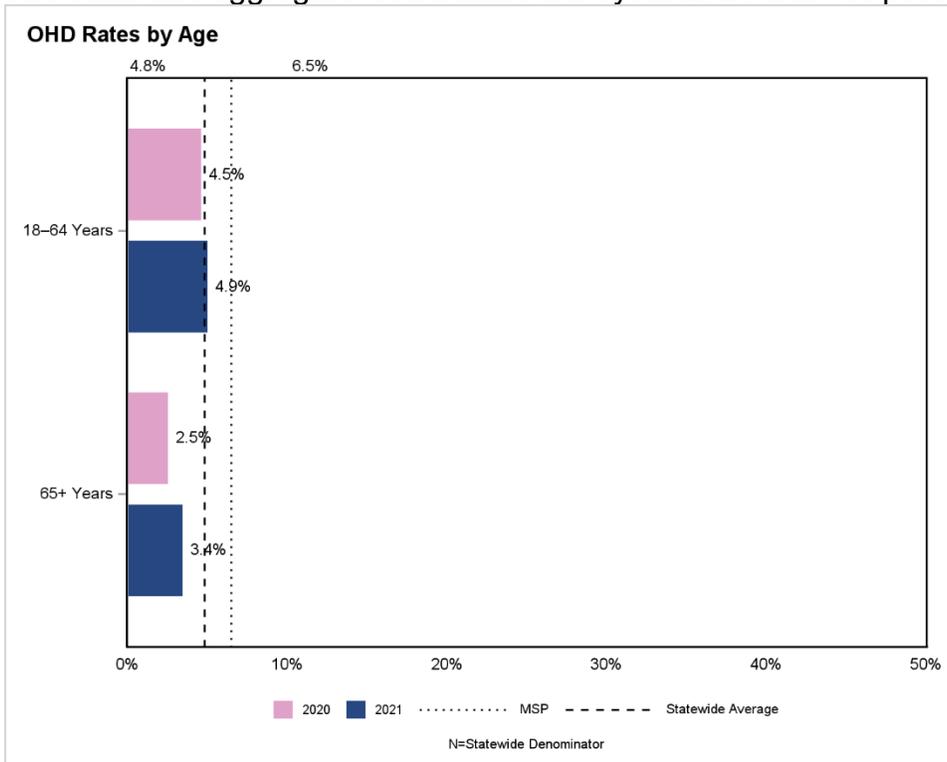


Figure C.199—Use of Opioids at High Dosage in Persons Without Cancer—Total (OHD) Rates by Gender

Note: The measurement year 2020 and 2021 rates for the Unknown/Missing group were suppressed due to small numerators.

A lower rate indicates more favorable performance for this indicator.

The following are the measurement year 2020 denominator sizes for select Genders: Female (93,145) and Male (54,639)

The following are the measurement year 2021 denominator sizes for select primary language groups: Female (83,216) and Male (48,732).

The median state performance rate represents the 50th percentile. The median state performance rate for measurement year 2020 was 6.4 percent.

The statewide aggregate for measurement year 2020 was 4.4 percent.

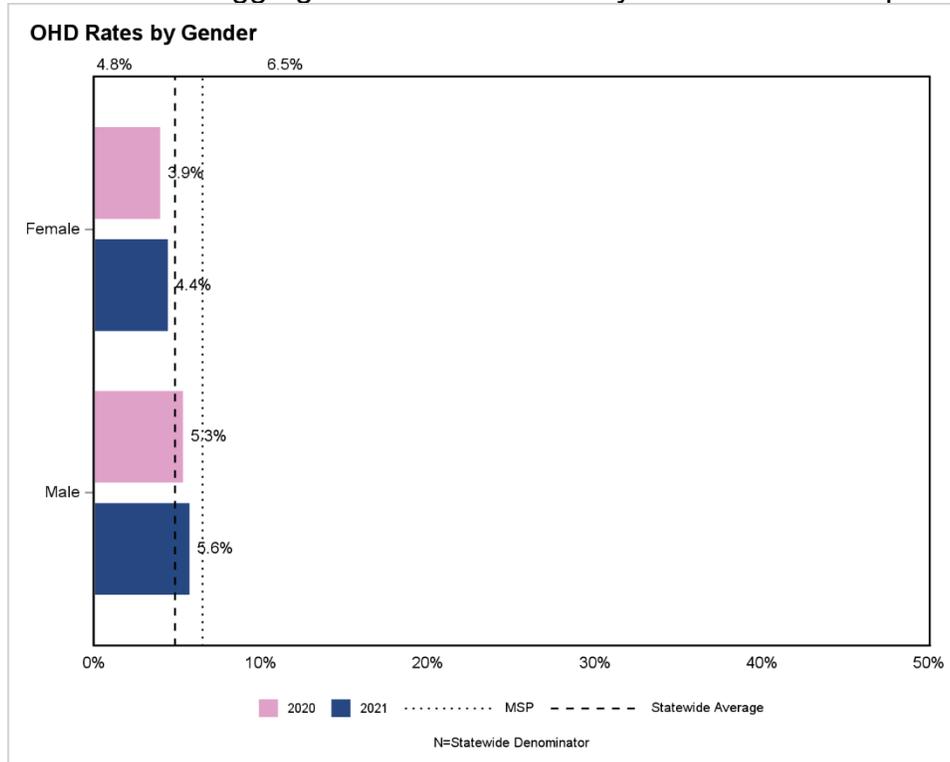
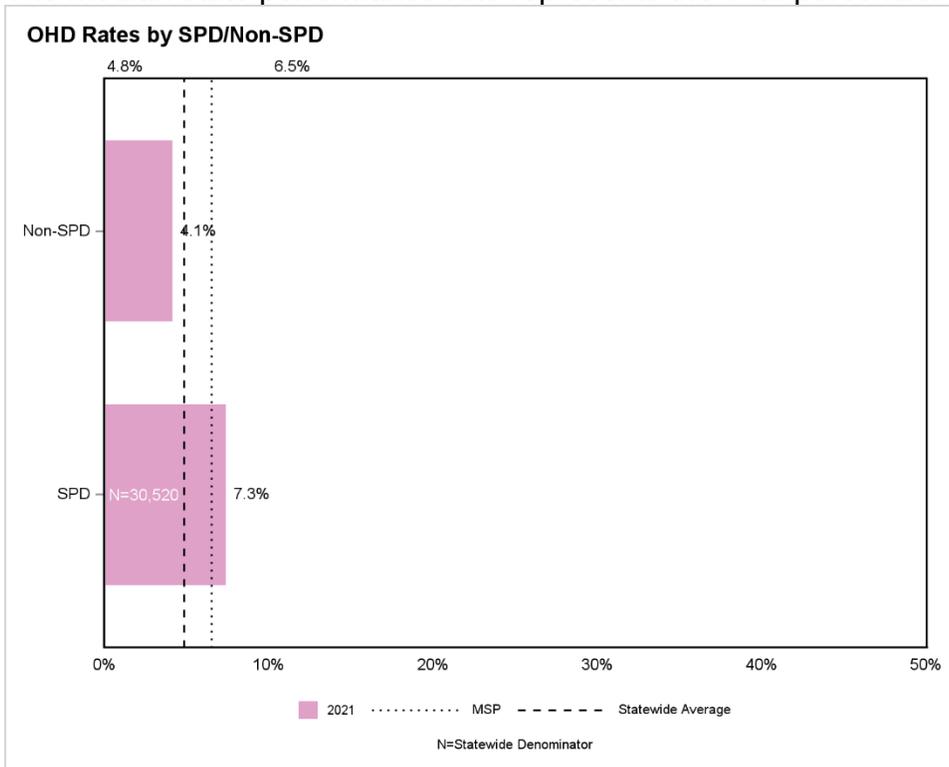


Figure C.200—Use of Opioids at High Dosage in Persons Without Cancer—Total (OHD) Rates by SPD/Non-SPD

Note: A lower rate indicates more favorable performance for this indicator.
 The median state performance rate represents the 50th percentile.



Overview

Health disparities reflect gaps in the quality of care between populations.¹¹ Within its Comprehensive Quality Strategy, the California Department of Health Care Services (DHCS) identified the need to eliminate health care disparities through improved data collection and stratification, and disparity reduction efforts.¹² To address this need, 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 2021 with data derived from calendar year 2021. 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 2021–22 contract year, HSAG evaluated measure data collected for measurement year 2021 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 criteria and minimum enrollment requirements defined either by the Healthcare Effectiveness Data and Information Set (HEDIS®)¹³ 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 the Children's Health Insurance Program (CHIP) (Adult and Child 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
- ◆ Seniors and Persons with Disabilities (SPD) and non-SPD populations
- ◆ Healthy Places Index (HPI) quartile (for select indicators)

¹¹ 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: Jan 18, 2023.

¹² State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Jan 18, 2023.

¹³ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- ◆ County
- ◆ Region
- ◆ Delivery Type Model
- ◆ Population Density

Although HSAG stratified all indicators by race/ethnicity, primary language, age, gender, SPD/non-SPD populations, HPI quartile, county, region, delivery type model, and population density, HSAG only identified racial/ethnic health disparities based on comparisons to the minimum performance levels (i.e., the 2021 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 and Adult Health Care Quality Measures data set ¹⁴ for the non-HEDIS MCAS indicators, when available.¹⁵ Additionally, HSAG compared measurement year 2021 results to measurement year 2020 results, where applicable.

Data Sources

HSAG received a California-required patient-level detail file from each MCP for each HEDIS reporting unit. The measurement year 2021 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 (MS) Excel reporting files. Please note, it is possible that non-certified eligible members were included by some or all MCPs in the measurement year 2021 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 California-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

¹⁴ CMS. 2021 Child and Adult Health Care Quality Measures. Available at: [2021 Child and Adult Health Quality Measures](#). Accessed on: Jan 18, 2023.

¹⁵ Given that CMS transitioned to the Quality Measure Reporting (QMR) system, state reporting for measurement year 2020 was delayed; therefore, FFY 2021 benchmarks are unavailable. As a result, HSAG compared measurement year 2021 rates for applicable non-HEDIS MCAS indicators to the FFY 2020 benchmarks.

- ◆ Race/Ethnicity
- ◆ Primary language
- ◆ County
- ◆ SPD/non-SPD populations

In order to present trending results, HSAG used the combined patient-level detail file (i.e., patient-level detail files combined with supplemental demographic data provided by DHCS) created for the 2020 Health Disparity Study. For more detailed information regarding data sources and combining data for measurement year 2020, please refer to the methodology presented in the *2020 Health Disparities Report*.¹⁶ Please note that measurement year 2020 results only contained SPD/non-SPD population results for the *Ambulatory Care* and *Plan All-Cause Readmissions* indicators.

HSAG also downloaded the HPI 3.0 Master File from the Public Health Alliance of Southern California website which contains data regarding the demographic composition of various communities, stratified by ZIP Code (e.g., average household income, education level, supermarket availability).¹⁷

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, 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 2021.

¹⁶ State of California Department of Health Care Services. 2020 Health Disparities Report. December 2021. Available at: <https://www.dhcs.ca.gov/Documents/MCQMD/CA2020-21-Health-Disparities-Report.pdf>. Accessed on: Jan 18, 2023.

¹⁷ Public Health Alliance of Southern California. The California Healthy Places Index. Available at: <https://www.healthyplacesindex.org/>. Accessed on: Jan 18, 2023.

- If HSAG could not recover the missing demographic values from a record within measurement year 2021, then the most recent non-missing observation from measurement year 2020 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.”

Step 4: HSAG combined the combined patient-level detail file with the HPI Master File by ZIP Code. If HSAG could not obtain the ZIP Code data from the demographic file for a given member, then HSAG assigned a ZIP Code of “Unknown/Missing” and HPI information for the given member was not matched.

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 (indicated with a *), benchmark unavailability (indicated with a ^), or limitations with the data (indicated with a +), HSAG was unable to perform analyses to identify health disparities for the following indicators:

- ◆ Measurement year 2020
 - *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total⁺*
 - *Child and Adolescent Well-Care Visits—Total[^]*
 - *Controlling High Blood Pressure—Total^{*}*
 - *Plan All-Cause Readmissions—Observed Readmission Rate—Total^{*,^}*
 - *Screening for Depression and Follow-Up Plan[^]*

- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits**
- *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^*
- ◆ Measurement year 2021
 - *Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total⁺*
 - *Plan All-Cause Readmissions—Observed Readmission Rate—Total^*
 - *Screening for Depression and Follow-Up Plan^*

For indicators where HSAG was unable to identify health disparities for only measurement year 2020, trending results were presented and disparities were identified for measurement year 2021. For indicators where HSAG was unable to identify health disparities for both measurement years 2020 and 2021, HSAG stratified these indicators by race/ethnicity, primary language, age, gender, SPD/non-SPD populations, HPI quartile, county, region, delivery type model, and population density, where applicable, and presented the results in an appendix to the report and/or within the rate spreadsheets for DHCS' internal use.

Table D.1—Indicators, Reporting Methodology, Age Groups, and Benchmarking Sources

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 HSAG was unable to compare rates to national benchmarks due to NCQA's recommendation for a break in trending, benchmark unavailability, or limitations with the data.

* Indicates a lower rate is better.

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

+ Given that CMS transitioned to the QMR system, state reporting for measurement year 2020 was delayed; therefore, FFY 2021 benchmarks are unavailable. As a result, HSAG compared measurement years 2020 and 2021 rates to the FFY 2020 benchmarks.

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|---|-----------------------|--|------------------------------------|
| Children's Health | | | |
| <i>Child and Adolescent Well-Care Visits—Total</i> | A | 3–11 Years; 12–17 Years; 18–21 Years | NCQA 2021 Quality Compass |
| <i>Childhood Immunization Status—Combination 10</i> | H | 2 Years | NCQA 2020 and 2021 Quality Compass |

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|---|-----------------------|--------------------------------|------------------------------------|
| <i>Developmental Screening in the First Three Years of Life—Total*</i> | A | 1 Year; 2 Years; 3 Years | FFY 2020 Child Core Set |
| <i>Immunizations for Adolescents—Combination 2</i> | H | 13 Years | NCQA 2020 and 2021 Quality Compass |
| <i>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</i> | H | 3–11 Years; 12–17 Years | NCQA 2020 and 2021 Quality Compass |
| <i>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</i> | A | 15 Months; 30 Months | NCQA 2021 Quality Compass |
| Women's Health | | | |
| <i>Breast Cancer Screening—Total</i> | A | 50–64 Years; 65–74 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Cervical Cancer Screening</i> | H | 21–64 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Chlamydia Screening in Women—Total</i> | A | 16–20 Years; 21–24 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Contraceptive Care—All Women—LARC and Most or Moderately Effective Contraception*</i> | A | 15–20 Years; 21–44 Years | FFY 2020 Adult and Child Core Set |
| <i>Contraceptive Care—Postpartum Women—LARC and Most or Moderately Effective Contraception—3 Days and 60 Days*</i> | A | 15–20 Years; 21–44 Years | FFY 2020 Adult and Child Core Set |

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|--|-----------------------|---|------------------------------------|
| <i>Prenatal and Postpartum Care—Postpartum Care and Timeliness of Prenatal Care</i> | H | <18 Years; 18–20 Years; 21–34 Years; 35–44 Years; 45+ Years | NCQA 2020 and 2021 Quality Compass |
| Behavioral Health | | | |
| <i>Antidepressant Medication Management—Effective Acute Phase Treatment—Total and Effective Continuation Phase Treatment—Total</i> | A | 18+ Years | NCQA 2020 and 2021 Quality Compass |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | A | 18–64 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i> | A | 13–17 Years; 18–64 Years; 65+ Years | NCQA 2021 Quality Compass |
| <i>Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i> | A | 6–17 Years; 18–64 Years; 65+ Years | NCQA 2021 Quality Compass |
| <i>Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication—Initiation Phase and Continuation and Maintenance Phase</i> | A | 6–12 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total, Cholesterol Testing—Total, and Blood Glucose and Cholesterol Testing—Total</i> | A | 1–11 Years; 12–17 Years | NCQA 2020 and 2021 Quality Compass |
| <i>Screening for Depression and Follow-Up Plan</i> | A | 12–17 Years; 18–64 Years 65+ Years | N/A |

| Indicator | Reporting Methodology | Age Groups | Benchmarking Source |
|--|-----------------------|--|------------------------------------|
| Acute and Chronic Disease Management | | | |
| <i>Ambulatory Care—Emergency Department Visits per 1,000 Member Months—Total[^]</i> | A | <1 Years; 1–9 Years; 10–19 Years; 20–44 Years; 45–64 Years; 65–74 Years; 75–84 Years; 85+ Years | N/A |
| <i>Asthma Medication Ratio—Total</i> | A | 5–11 Years; 12–18 Years; 19–50 Years; 51–64 | NCQA 2020 and 2021 Quality Compass |
| <i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)*</i> | H | 18–20 Years; 21–44 Years; 45–64 Years; 65+ Years | NCQA 2020 and 2021 Quality Compass |
| <i>Concurrent Use of Opioids and Benzodiazepines—Total^{*,+}</i> | A | 18–64 Years; 65+ Years | FFY 2020 Adult Core Set |
| <i>Controlling High Blood Pressure—Total</i> | H | 18–20 Years; 21–44 Years; 45–64 Years; 65+ Years | NCQA 2021 Quality Compass |
| <i>Plan All-Cause Readmissions—Observed Readmission Rate—Total[*]</i> | A | 18–44 Years; 45–54 Years; 55–64 Years | N/A |
| <i>Use of Opioids at High Dosage in Persons Without Cancer—Total^{*,+}</i> | 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 populations.

Table D.2—Demographic Stratification Groups

* Indicates 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.

| 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) |
| 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 ¹⁸ | SPD and non-SPD |

¹⁸ SPD was defined in alignment with the DHCS-approved *Medi-Cal SPD Aid Codes_HEDIS MY21_Updated 121421* document shared with the MCPs.

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 on 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, Asian Indian, Laotian, Vietnamese, Hmong, 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 |

HSAG also calculated regional-level rates for each indicator listed in Table D.1, where possible. The regional stratifications groups for county, delivery type model, population density, and geographic region are listed in Table D.4.

Table D.4—Regional Stratification Groups

*The Imperial and San Benito delivery models are not included in the delivery type model analysis since the rates for those models are represented in the county stratifications.

^ HSAG classified members as living in either rural or urban areas by comparing their ZIP Codes from the DHCS-provided demographic data to the Rural-Urban Commuting Area (RUCA) designations.¹⁹ Since more than one RUCA designation maps to a single ZIP Code, HSAG used the RUCA value that made up the majority of the population living within each ZIP Code. Also, any ZIP Codes that did not match to a RUCA designation were considered rural.

| Stratification | Groups |
|----------------------|---|
| County | Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba |
| Delivery Type Model* | County Organized Health Systems, Geographic Managed Care, Two-Plan (i.e., Local Initiative or Commercial Plan), Regional |
| Population Density^ | Urban, Rural |
| Geographic Region | Central Coast, Southeastern, San Francisco Bay/Sacramento, North/Mountain, San Joaquin Valley, Southern Coast |

¹⁹ U.S. Department of Agriculture: Economic Research Service. Rural-Urban Commuting Area Codes.

Table D.5 displays how the counties listed in Table D.4 are grouped into geographic regions based on where MCPs operate and which MCPs collaborate with each other to improve health outcomes within the regions they operate.

Table D.5—Geographic Regions and Applicable Counties

| Geographic Region | Counties |
|------------------------------|--|
| Central Coast | Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura |
| Southeastern | Imperial, Riverside, San Bernardino |
| San Francisco Bay/Sacramento | Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Sacramento |
| North/Mountain | Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Placer, El Dorado, Sutter, Yolo, Yuba |
| San Joaquin Valley | Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare |
| Southern Coast | Los Angeles, Orange County, San Diego |

Rate Spreadsheets

After performing the analyses, HSAG compiled and produced indicator rate spreadsheets in a MS Excel format that provided all indicator-level data for all stratifications (i.e., race/ethnicity, primary language, age, gender, SPD/non-SPD populations, region, county, population density, and delivery type model). HSAG produced one statewide and 25 MCP-specific rate spreadsheets that contain applicable numerator, denominator, eligible population, demographic, and rate data for each reporting unit. The statewide spreadsheet also contains cross-tabulation between race/ethnicity and region. HSAG did not suppress any data in the rate spreadsheets since they were produced for DHCS' 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 and 2021 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 the 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:

$$\begin{aligned} \text{lower interval} &= \text{rate} - 1.96 \sqrt{\frac{\text{rate}(1 - \text{rate})}{\text{denominator}}} - \frac{1}{2 \times \text{denominator}} \\ \text{upper interval} &= \text{rate} + 1.96 \sqrt{\frac{\text{rate}(1 - \text{rate})}{\text{denominator}}} + \frac{1}{2 \times \text{denominator}} \end{aligned}$$

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.

COVID-19 Analysis

HSAG included results from DHCS-provided COVID-19 summary vaccination data for the Medi-Cal managed care program stratified by demographics (i.e., Medi-Cal managed care SPD and non-SPD population, race/ethnicity, age, and gender), when possible. HSAG presented the DHCS-provided summary vaccination data within the executive summary of the health disparities report.

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:

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

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

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

Healthy Places Index Analysis

HSAG performed a HPI analysis for each of the nine key MCAS indicators that DHCS selected for this analysis, stratified by race/ethnicity and HPI quartile. HSAG combined the HPI score and percentile to the patient-level detail file based on member ZIP Code. For more information about combining the patient-level detail file and HPI data, please refer to the Combining Data section of this methodology.

Based on the HPI percentile identified for each ZIP Code, each member was placed into a quartile range (i.e., HPI percentile values below the 25th percentile were placed into quartile 1, values at or above the 25th but below the 50th percentile were placed into quartile 2, values at or above the 50th but below the 75th percentile were placed into quartile 3, and values at or above the 75th percentile were placed into quartile 4). HSAG then calculated rates by summing the numerators and denominators for all members within a racial/ethnic group-HPI quartile combination. For example, *Controlling High Blood Pressure—Total (CBP)* indicator rates for each racial/ethnic group-HPI quartile combination (e.g., the *CBP* indicator rates for the Black or African American racial/ethnic group in HPI quartile 1) were presented in a single bar chart. The nine key MCAS indicators that DHCS selected for the HPI analysis were:

- ◆ *Child and Adolescent Well-Care Visits—Total (WCV)*
- ◆ *Childhood Immunization Status—Combination 10 (CIS-10)*
- ◆ *Controlling High Blood Pressure—Total (CBP)*

- ◆ *Comprehensive Diabetes Care (CDC–H9)*
- ◆ *Immunizations for Adolescents—Combination 2 (IMA–2)*
- ◆ *Prenatal and Postpartum Care—Postpartum Care (PPC–Pst)*
- ◆ *Prenatal and Postpartum Care—Timeliness of Prenatal Care (PPC–Pre)*
- ◆ *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)*
- ◆ *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)*

Regional Analysis

For each indicator-racial/ethnic group combination, HSAG created a color-coded map to display county-level rate improvements and declines based on performance changes relative to other counties. To do this, HSAG calculated differences from measurement year 2020 to 2021 for each county based on comparisons to the minimum performance level/median state performance rate. Based on these differences, HSAG then calculated performance quintiles (i.e., 20th percentile, 40th percentile, 60th percentile, and 80th percentile) and determined into which quintile each county fell (e.g., below the 20th percentile, between the 20th and 40th percentiles). HSAG shaded each county based on the corresponding quintiles as displayed in Table D.6.

Table D.6—Trending Quintile Thresholds and Corresponding Colors

| Quintile | Performance Thresholds and Corresponding Colors |
|-------------------------------------|---|
| NA | Small denominator or suppressed rate |
| Quintile 1 (least favorable change) | Below the 20th percentile |
| Quintile 2 | At or above the 20th percentile but below the 40th percentile |
| Quintile 3 | At or above the 40th percentile but below the 60th percentile |
| Quintile 4 | At or above the 60th percentile but below the 80th percentile |
| Quintile 5 (most favorable change) | At or above the 80th percentile |

HSAG also produced current year (i.e., measurement year 2021) maps for each indicator-racial/ethnic group combination to identify counties that may be driving the changes presented in the trending maps. To do this, HSAG calculated the current year rate for each county and mirrored the approach used for the trending-level maps to calculate performance quintiles and determine into which quintile each county fell. HSAG shaded each county based on the corresponding quintiles as displayed in Table D.7.

Table D.7—Current Year Quintile Thresholds and Corresponding Colors

| Quintile | Performance Thresholds and Corresponding Colors |
|------------------------------------|---|
| NA | Small denominator or suppressed rate |
| Quintile 1 (least favorable rates) | Below the 20th percentile |
| Quintile 2 | At or above the 20th percentile but below the 40th percentile |
| Quintile 3 | At or above the 40th percentile but below the 60th percentile |
| Quintile 4 | At or above the 60th percentile but below the 80th percentile |
| Quintile 5 (most favorable rates) | At or above the 80th percentile |

Determining Key Findings Analysis

Given DHCS' interest in limiting the results presented in the body of the health disparities reports to highlight more actionable findings, HSAG only presented key findings in the body of the report. HSAG only considered a result a key finding if at least one of the following criteria were met:

- ◆ **Persistent Disparity:** Racial/ethnic disparities that persisted between measurement years (i.e., a racial/ethnic disparity that existed in both measurement years 2020 and 2021).
 - **Persistent Disparity—Improved:** Persistent racial/ethnic disparities for which the distance between the rate for the racial/ethnic group and the minimum performance level/median state performance rate decreased from measurement year 2020 to measurement year 2021.
 - **Persistent Disparity—Worsened:** Persistent racial/ethnic disparities for which the distance between the rate for the racial/ethnic group and the minimum performance level/median state performance rate increased from measurement year 2020 to measurement year 2021.
- ◆ **New Disparity:** Racial/ethnic disparities that did not exist in measurement year 2020 but exist in measurement year 2021.
- ◆ **Eliminated Disparity:** Racial/ethnic disparities that exist in measurement year 2020 but did not exist in measurement year 2021.
- ◆ **Widespread Disparity:** Racial/ethnic disparities that were widespread (i.e., disparities that exist across a large number of racial/ethnic groups or a certain racial/ethnic group had disparities across multiple indicators/domains).
- ◆ **Large Disparity:** Racial/ethnic disparities that were large (e.g., racial/ethnic rates that were below the minimum performance level/median state performance rate by at least a 10 percent relative difference).

- ◆ Emerging Disparity: Racial/ethnic group indicator rates that were not a disparity in measurement year 2020 or 2021, but would be at risk of becoming a disparity in measurement year 2022 if the indicator rate continued to decline at a similar rate relative to the minimum performance level/median state performance rate.

Prior to report production, HSAG submitted a MS Excel spreadsheet to DHCS containing key finding results along with HSAG’s recommendation for which key findings to include in the body of the 2021–22 health disparities report. DHCS provided HSAG with direction about which key findings to include in the 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 alphabetical order. HSAG included the following data elements on the bar graphs, where applicable:

- ◆ Performance rates for each racial/ethnic group for measurement years 2020 and 2021
- ◆ Reference lines and values for the high performance level²⁰, when available; minimum performance level/median state performance rate; and statewide aggregate for measurement year 2021
 - Please note, measurement year 2020 values for the high performance level, minimum performance level/median state performance rate, and statewide aggregate were reported in the note above each figure, where applicable.
- ◆ 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 (i.e., Children’s Health, Women’s Health, Behavioral Health, and Acute and Chronic Disease Management) that displays the percentage of indicators for each racial/ethnic group that were:

- ◆ Persistent (i.e., present in both measurement years 2020 and 2021)
- ◆ New (i.e., present in measurement year 2021 but not in measurement year 2020)
- ◆ Eliminated (i.e., present in measurement year 2020 but not in measurement year 2021)
- ◆ Not identified (i.e., not present in either measurement year 2020 or 2021)

²⁰ The high performance level is defined as the 2020 and 2021 NCQA national Medicaid 90th percentile.

A similar horizontal stacked bar graph was created to display overall racial/ethnic health disparities for all indicators analyzed in this study.

HSAG also displayed current and trending county-level maps for racial/ethnic group-indicator combinations with results that were considered to be key findings. All maps produced, including those not presented in the body of the health disparities report, were included in a separate MS Word document for DHCS' internal use.

Within the Demographic Stratification Appendix of the health disparities report, HSAG also presented indicator rates for the primary language, age, and gender demographic stratifications; however, HSAG did not perform statistical analysis 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 presented results stratified by racial/ethnic group that were not considered to be key findings, and statistical analyses to identify health disparities were performed on these results, where possible.

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 display rate ratios with a note above the graphic to indicate the rate for the highest performing group for that indicator.

Within the HPI Appendix of the health disparities report, HSAG displayed graphics for each of the nine key indicators identified by DHCS. For each indicator, HSAG displayed bar graphs that displayed the indicator rate for each HPI quartile-racial/ethnic group combination.

HSAG also produced a patient-level detail SAS dataset for DHCS' internal use containing numerator and denominator information for each indicator along with the following demographic variables: age, gender, race/ethnicity, primary language, county, region, delivery type model, and HPI quartile.

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 rates for "Unknown/Missing" race/ethnicity, primary language, and gender groups in the formal report as a note 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 and 2021 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 and 2021 performance to benchmarks derived from measurement year 2020.

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.

Adult and Child Core Set Median State Performance Rates

While HSAG used the NCQA 2020 and 2021 Quality Compass benchmarks to identify disparities for the HEDIS MCAS indicators, HSAG compared non-HEDIS MCAS indicators to the FFY 2020 Adult and Child Core Set median state performance rates, where possible. Adult and Child Core Set median state performance rates are established using statewide measure rates. This differs from the NCQA 2020 and 2021 Quality Compass benchmark methodology, which is established using individual health plan information.

Appendix E. Urban and Rural County Designations

While HSAG classified members as living in either rural or urban areas by comparing their ZIP Codes from the DHCS-provided demographic data to RUCA designations, HSAG classified counties as rural or urban using DHCS’ classification of rural counties.²¹

Table E.1 classifies each of the 58 California counties as rural or urban.

Table E.1—Urban and Rural Classifications by County

| Classification | Counties |
|----------------|---|
| Rural | Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba |
| Urban | Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Monterey, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo |

²¹ CalHHS. Medi-Cal Managed Care Capitation Rates – Regional Model/Rural Expansion. Available at: <https://data.chhs.ca.gov/dataset/medi-cal-managed-care-capitation-rates-regional-model-rural-expansion>. Accessed on: Mar 10, 2023.