

Using Intentional Measure Stratification as a Tool for Identifying and Addressing Health Disparities in North Carolina (NC) Medicaid

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BACKGROUND

NC Medicaid is in a unique position to track disparities as it serves around 3 million low-income individuals and families. Less than 10% of NC Medicaid beneficiaries have a missing demographic value in our data.¹ In 2021, North Carolina (NC) Medicaid launched Standard Plans as the primary vehicle for managed care, serving over two-thirds of beneficiaries through five prepaid health plans. Health disparities within this population are measured and tracked using a shared definition (see Figure 2) and a set of standardized stratified reporting elements including, but not limited to, age, race, gender, ethnicity, primary language, and geography. NC Medicaid observed that utilizing singular race categories, including multiracial, led to a relative under-reporting of race groups with high rates of multiracial identifications, such as American Indian/Alaskan Native (see Figure 1). In response, NC Medicaid developed binary comparison stratification methodologies, including a binary Black or African American and a binary American Indian/Alaska Native stratum (see Table 1 & 2). This intentional stratification methodology is essential in accurately measuring, tracking, and addressing health disparities within the NC Medicaid population.

Figure 1:Single vs. Multiracial Identification, All NC Medicaid Beneficiaries, December 2023

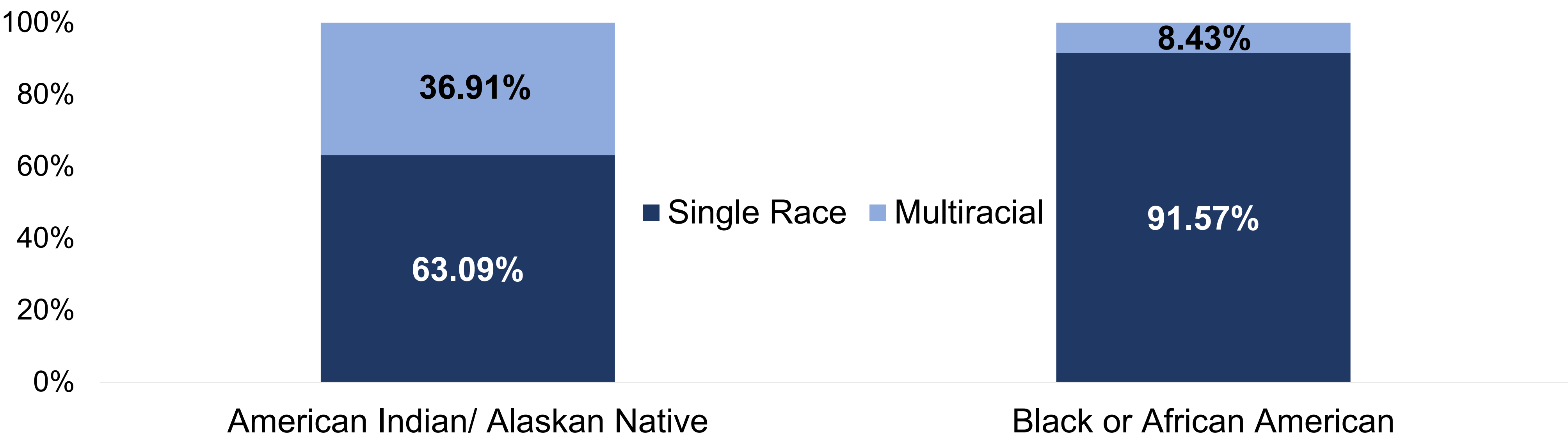


Table 1: Black or African American Binary Race Stratification

RACE CATEGORY	GROUPS INCLUDED
Black or African American	Black, Black or African American+
Not Black or African American*	White, Caucasian, Asian, Native Hawaiian or Other Pacific Islander, Hawaiian or Pacific Islander, Asian or Hawaiian/Pacific Islander, Multiracial^, Unknown/Missing, Unknown, Unreported, Other

Table 2: American Indian or Alaskan Native Binary Race Stratification

RACE CATEGORY	GROUPS INCLUDED
American Indian or Alaska Native	American Indian, American Indian or Alaska Native+
Not American Indian or Alaska Native*	White, Caucasian, Black, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, Hawaiian or Pacific Islander, Asian or Hawaiian/Pacific Islander, Multiracial^, Unknown/Missing, Unknown, Unreported, Other

* Indicates reference group for the identification of racial disparities. + includes members who select Black or African American and one or more additional race values.

^ Multiracial is only included in the reference Binary groups if members did not select the priority population as one of their races.

ADDRESSING HEALTH DISPARITIES

Figure 2: Disparities Calculation for NC Medicaid²

$$Relative\ Difference = \frac{(Reference\ Group\ Performance\ Rate - Group\ of\ Interest\ Performance\ Rate)}{Reference\ Group\ Performance\ Rate}$$

1. QUALITY PERFORMANCE TARGET SETTING

To ensure delivery of high-quality care under the managed care delivery system, NC DHHS has identified a set of quality metrics that it will use to assess health plans' performance across their populations, and health plans will use to monitor Advanced Medical Home (AMH) performance and calculate AMH performance incentive payments. In addition to monitoring overall performance, these measures are stratified using the binary comparison methodology and if a relative difference greater than 10% is found between the group of interest and the reference group it is identified as a disparity (see Figure 2). For every measure with an identified disparity a 10% relative improvement target is set for the population of interest (see Table 3 for example).

2. STANDARD PLAN WITHHOLD PROGRAM

NC Medicaid has developed a Withhold Program to encourage PHPs to exceed minimum performance compliance thresholds for select priority areas. Of the 1.5% of each PHP's total risk-adjusted capitation being withheld, 35% of it is dependent on a measure with a history of having disparities, Childhood Immunization Status (CIS) – Combination 10⁴. In 2022, there was more than a 40% relative difference in performance between NC Medicaid Standard Plan beneficiaries who identified as Black and those who did not (see Figure 3). The Withhold Program will require plans to increase the performance of the population experiencing the disparity, in this case the Black population, by a relative 10% to earn back this portion of withheld funds.

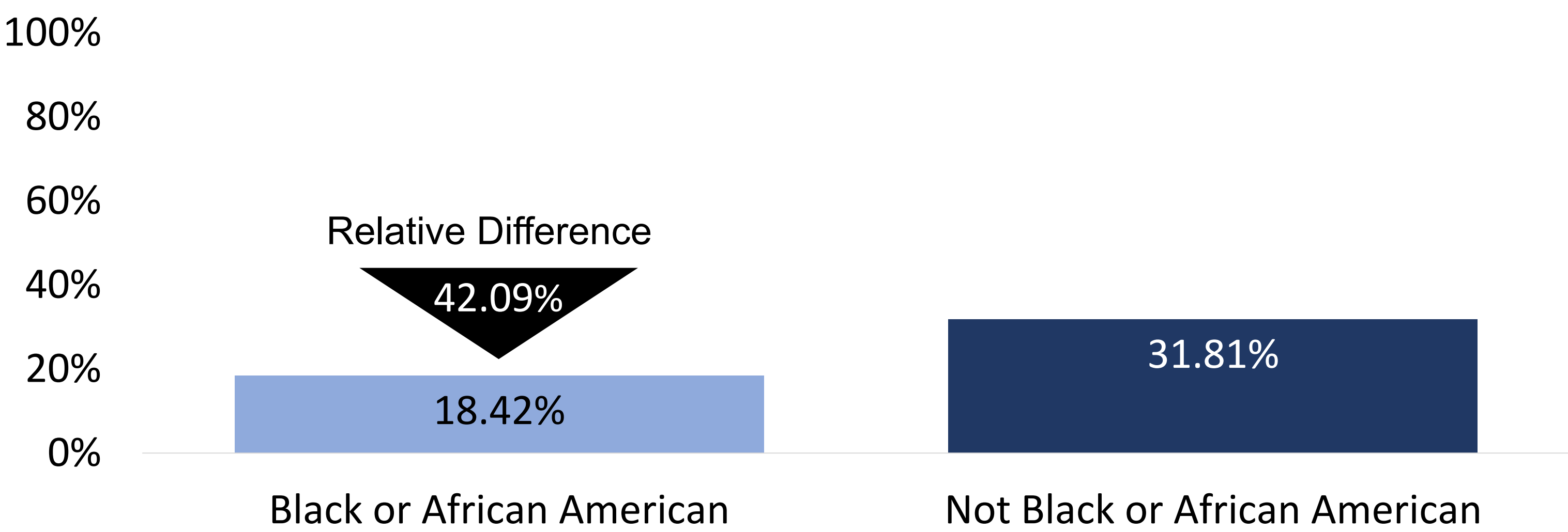
3. ANNUAL HEALTH EQUITY REPORT

The purpose of the Annual Health Equity Report is to explore and discuss health disparities among adult and child Medicaid beneficiaries in the State of NC. Health disparities are analyzed for indicators within different domains of health and experiences of care. Demographic factors that are assessed include race, binary race, ethnicity, age, primary language, gender, long-term services and supports (LTSS) needs status, disability status, and geography. This report assists NC Medicaid in setting data-driven objectives that guide improvement in health and well-being over time and allow us to meaningfully track our progress in key areas.

Table 3: Total NC Medicaid PPC Performance (2022) & Target Setting

Measure Name	Sub Measures	2022 American Indian/Alaska Native Rate (Group of interest)	2022 Not AI/AN Rate (Reference group)	Relative Difference	Disparity (Y/N)	2024 Priority Population Target
Prenatal and Postpartum Care (PPC) ³	Timeliness of Prenatal Care	34.72%	42.06%	17.45%	Yes	39.19%
	Postpartum Care	53.42%	60.99%	12.41%	Yes	58.76%

Figure 3: Disparities in Childhood Immunization Status (CIS) – Combination 10 Performance, NC Medicaid Standard Plan Aggregate (2022)



¹ DQ Atlas, Medicaid.gov, North Carolina Beneficiary Information. <https://www.medicaid.gov/dq-atlas/landing/states/single?state=37&afVersionId=35>

² This calculation is for measures where a higher rate equals a better performance. A slightly different version is used for measures where a lower performance equals a better performance.

³ Prenatal and Postpartum Care (PPC) Measure Description, National Center for Quality Assurance (NCQA) <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>

⁴ Childhood Immunization Status- Combination 10 (CIS) Measure Description. National Center for Quality Assurance (NCQA) <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>

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