Sample EPT Disparity Reduction Data Reporting Template: Pan and Hsu Pediatrics

Overview

EPT practices will focus on reducing a disparity within a sub-population for one of their Population of Focus (PoF) HEDIS-like measures.

To do this, practices will review their previously submitted stratified HEDIS-like data and Disparity Reduction Plan to identify the sub-population experiencing the disparity (see the EPT Disparity Reduction Plan Question 3). The sub-population can be any group with a documented disparity - for example, "0ur overall colorectal screening rate is 63%, but the rate for Spanish-speaking patients is only 42%."

Practices will report their selected measure, sub-population, and baseline rate. The goal is to improve the rate either to:

1. Achieve a rate at or above the NCQA Medicaid 66.67th percentile benchmark for that measure, OR
2. Improve by at least 2.5 percentage points from the baseline rate.

9/22 Note: According to DHCS guidelines, the sub-population must have a denominator (n) of at least 30. The Learning Center is seeking an exemption to allow practices to address disparities for smaller populations. We will share an update as soon as we have more information.

Practices will report their progress during the remaining EPT deliverable cycles (e.g., November 2025, May 2026, November 2026). Practices should select a disparity to work on that is feasible to impact by the end of the EPT program (December 2026).

Selected measure and sub population

An example is provided below for a practice who is focused on increasing rates of depression screening and follow-up for unhoused patients.

Reporting and Population Information	Definition	Example	Practice Response
HEDIS-like measure	Include the HEDIS-like measure that your practice is focused on	Depression screening and follow-up	Well child visit between 3 and 21 years of age

Measurement period for reporting	Use a rolling 6 month lookback period that ends the month before the submission	April 1, 2025 – October 1, 2025	January 1, 2025 – July 1, 2025
Specify how you are stratifying the measure	Race and ethnicity, primary spoken language, sexual orientation, gender identity, housing status, disability, other	Housing status	Other, age
Specify the sub-population	For example, Black or African American, Latino, Spanish speaking, Bisexual, Nonbinary, Unhoused	Unhoused patients	Teenagers aged 12-17 years old

Reporting schedule

Submit the denominator and numerator for the selected sub population during the November 2025, May 2026, and November 2026 deliverable cycle. The Learning Center will calculate the rate to determine if it is:

1. At or above the NCQA Medicaid 66.67th percentile benchmark for that measure, OR
2. Improved by at least 2.5 percentage points from the baseline rate.

November 2025 submission for the selected sub population

This submission will serve as your baseline.

	Measurement period	Denominator	Numerator	Rate percent
Definitions	6 month look back period	# of patients in the sub-population for the measure during the measurement period	Count of patients in the denominator who meet the measure during the measurement period	Auto-Calculated
Response	6 month look back period	841	460	54.7%

(Optional) Describe your strategy and progress to address the disparity:

From our exit interview questionnaire with the teenage patients, the majority had two major issues preventing them from coming in--one was transportation and the other was scheduling (as they have after school sports or activities or parents have work schedules that make it hard to come in). We have been working on offering later appointment times to help accommodate their schedules and offering help with transportation through their insurance.