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Background on Medicaid Race and Ethnicity Data Collection and Reporting

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Medicaid and CHIP Payment and Access Commission



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Overview

- Importance of complete race and ethnicity data
- Data collection standards and guidance
 - Office of Management and Budget (OMB) minimum standards
 - U.S. Department of Health and Human Services (HHS) guidance
- State Medicaid data processing
- Data collection and processing challenges
- Next steps

Importance of Complete Race and Ethnicity Data

- Advancing health equity is an Administration-wide priority
- Complete, high-quality, and comparable data can support these efforts
- Current race and ethnicity data quality concerns:
 - Data are inconsistently collected
 - High rates of missing administrative data
 - Small sample sizes for sub-populations
- Data quality issues can lead to biased, inaccurate, and incomplete assessments of health disparities

OMB Race and Ethnicity Minimum Standards

- Established in 1977 to promote comparability of race and ethnicity data across agencies
- Updated in 1997 to reflect changes in U.S. population diversity
 - Five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander
 - Two ethnicity categories: Hispanic or Latino and not Hispanic or Latino
- Apply to federally-sponsored data collection where race and ethnicity information is collected
 - Do not require the collection or reporting of this information
 - Apply to the Centers for Medicare & Medicaid Services (CMS), but do not directly apply to state Medicaid programs

HHS Policies and Guidance

- 1997 HHS policy statement on race and ethnicity data collection reiterates OMB standards and outlines application within HHS
- 2011 HHS guidance, as required under Section 4302 of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended), established data collection standards for race, ethnicity, sex, primary language, and disability status
 - Includes more granular race and ethnicity categories that can be aggregated to OMB standards
 - Applies to HHS-conducted or sponsored national population health surveys and does not specifically address state Medicaid data collection and reporting

State Medicaid Program Data Collection

- State Medicaid programs have the flexibility to determine if and how to collect race and ethnicity information
 - If asked, providing race and ethnicity information is optional, as it is not a requirement for Medicaid eligibility
- A 2021 review of state Medicaid applications found:
 - All state Medicaid programs collect race and ethnicity information that aligns with OMB standards
 - Many states collect more granular data, some of which align with the 2011 HHS guidance

Source:

State Health Access Data Assistance Center (SHADAC), University of Minnesota. 2021. *Collecting race, ethnicity, and language (REL) data on Medicaid applications: 50-state review shows wide variation in how states gather this information*. Minneapolis, MN. SHADAC.

Medicaid Reporting Requirements

- CMS is required to report race and ethnicity data that align with OMB standards
- CMS requires states to report these data to the Transformed Medicaid Statistical Information System (T-MSIS) so they can be aggregated to the OMB standards

Medicaid Data Quality

- MACPAC replicated CMS’s methodology to assess the quality of state race and ethnicity data
- The assessment combined two primary criteria to determine usability:
 - Percentage of records with missing race and ethnicity values
 - Number of categories with more than a 10 percent difference from 2019 American Community Survey data values
- In fiscal year 2019, thirty states met the minimum data quality standards necessary for conducting analyses

Source:

Medicaid and CHIP Payment and Access Commission (MACPAC). 2022. *Availability of race and ethnicity data for Medicaid beneficiaries*. Washington, DC: MACPAC. [https:// www.macpac.gov/publication/availability-of-race-and-ethnicity-data-for-medicaid-beneficiaries/](https://www.macpac.gov/publication/availability-of-race-and-ethnicity-data-for-medicaid-beneficiaries/).

Data Collection and Processing Challenges

- State flexibility in data collection leads to different state approaches for data collection and variation in granularity and comparability
- Beneficiary reluctance to provide this information and categories that do not sufficiently capture individual's identities can lead to missing data
- States may have challenges submitting these data in the required CMS format

Next steps

- October meeting presentation:
 - Findings from Interviews with: HHS, CMS, states, managed care plans, application assistors, and research experts
 - Discussion of federal and state data collection and reporting priorities, state processes, and the challenges with collecting and reporting high-quality data
- Future meetings will focus on possible policy options

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