



# Review of HHS Report on Improving the Identification of Health Care Disparities in Medicaid and CHIP



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# Overview

- Patient Protection and Affordable Care Act (ACA) provisions regarding disparities data
- Specific data elements in the Department of Health and Human Services (HHS) standards
- Summary of HHS Secretary's November 2014 report
- Potential areas for MACPAC comments

# ACA Provisions

- Section 4302(a)
  - Develop data collection standards for race, ethnicity, sex, primary language, and disability status (released in October 2011)
- Section 4302(b)
  - Data collection on these five characteristics in Medicaid and CHIP
  - Evaluation of approaches for data collection

# Specific Data Elements in HHS Standards

- The HHS standards released in 2011 include specifications to be applied to the following data elements in surveys conducted or sponsored by HHS to the extent practicable:
  - Race
  - Ethnicity
  - Sex
  - Primary language
  - Disability status

# Specific Data Elements in HHS Standards – Race and Ethnicity

- Minimum based on 1997 OMB standards:
  - Racial groups: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White
  - Ethnic group: Hispanic or Not Hispanic
  - Individuals may select more than one racial group (HHS includes more granular categories than OMB minimum)
- Points of interest for data collection and analysis:
  - Self-reports based on respondent definition of their own race and ethnicity are preferred
  - However, self-reports vary depending on respondent definition of their own race and ethnicity

# Specific Data Elements in HHS Standards – Disability Status

- Definition varies depending on context
  - Administrative data – often based on programmatic features such as basis of eligibility for Medicaid
  - Survey data – often based on questions about functional ability
- Measurement and analysis of disability characteristics has not been consistent among different data sources
- HHS standard for survey data is a six-item set of questions

# Summary of 2014 Report - Implementation

- Efforts to improve data collection of disparities measures
  - Modernized Medicaid and CHIP data infrastructure, including Transformed Medicaid Statistical Information System (T-MSIS)
  - Incorporation of HHS standards in patient experience surveys and streamlined enrollment application
- Efforts to improve data analysis and reporting of disparities measures
  - Use of core health care quality measures to identify and evaluate health care disparities
  - Promotion of data sharing, collaboration, and analyses between Centers for Medicare & Medicaid Services (CMS) and other HHS offices

# Summary of 2014 Report – HHS Recommendations

- Improve the quality of federal health care disparities data, including the accuracy and completeness of data, across delivery systems
- Improve the completeness of health care disparities data collection in managed care



# Potential Areas for Comment – Survey Data

- Importance of timely implementation of new data collection standards
- Importance of the five disparities measures mandated by the ACA, as well as additional measures

# Potential Areas for Comment – Administrative Data

- Further efforts by CMS to improve completeness and quality of key variables in administrative data, particularly T-MSIS
- More complete and accurate data collection and reporting by the states

# Potential Areas for Comment – Quality Measures

- Concern about the voluntary nature of data collection and provision by states to CMS
- Limited number of quality measures examined by demographic categories
  - For example, in the Adult Medicaid Quality Grant Program, 3 out of 4 selected adult quality measures are to be reported by test states for 2 out of 5 demographic categories (race, ethnicity, sex, primary language, disability)