



# Federal Data Sources for Analyzing Racial and Ethnic Disparities in Medicaid and CHIP

Medicaid and CHIP Payment and Access Commission

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# Overview

- Federal data standards
- Administrative data
- Survey data
- Options for data improvement

# Federal Standards

- 1997: standards set by Office of Management and Budget
  - Self identification
  - Two-part question
  - Ability to select more than one category
- 2010: applied specifically to U.S. Department of Health and Human Services under § 4302 of the Patient Protection and Affordable Care Act along with sex, primary language, disability status
  - Requirements for continuing evaluation and reports to Congress

# Federal Standards (continued)

- Five minimum categories for race:
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - More granular categories may be used if they can be aggregated into these five
- Two minimum categories for ethnicity:
  - Hispanic or Latino
  - Not Hispanic or Latino

# Administrative Data

- Race and ethnicity drawn from applications which use federal standards
- Analysis of 2018 T-MSIS data shows:
  - High rates of missing or unknown data
    - 11 states missing data for 10–30 percent of enrollees; and 5 states are missing more than 30 percent
    - 14 states have 10–30 percent unknown; 7 states have more than 30 percent unknown
  - Reported data may conflict with benchmarks (e.g., several states report 0 percent Hispanic; others report 0 percent non-Hispanic)

# Survey Data

- Household surveys routinely used by MACPAC include National Health Interview Survey (NHIS), National Survey of Drug Use and Health, National Survey of Children's Health
- Sample sizes may not be sufficient for subgroup and state-level analyses
  - e.g., MACStats tables using NHIS report national data for Hispanic; Black, non-Hispanic; White non-Hispanic; and other non-white, non-Hispanic

# Survey Data (continued)

- Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) can be used to analyze racial/ethnic groups and states
- Fielded only once in 2014; no current plans to repeat

# Options for Data Improvement

- Administrative data
  - Willingness of enrollees to identify race and ethnicity
  - Focus on validity and reliability in state submissions for T-MSIS
- Survey data
  - Increase sample size or oversampling
  - Dedicated periodic survey of Medicaid beneficiaries





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