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# Collecting and Reporting Medicaid Race and Ethnicity Data: Interview findings

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Medicaid and CHIP Payment and Access Commission



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# Overview

- Federal and state priorities for improving race and ethnicity data
- Interview methods and findings
- Potential approaches to improving data usability
- Next steps

# Federal Priorities for Race and Ethnicity Data

- Increase the usability of federally collected race and ethnicity data by:
  - Identifying data inadequacies and strategies for improvement
  - Supporting agency efforts to expand the collection and improve the quality of these data
- Centers for Medicare & Medicaid Services (CMS) is prioritizing the collection and disaggregation of race and ethnicity data
  - For example, CMS proposed requiring stratification of Adult and Child Core Set measures by race and ethnicity to monitor disparities in health outcomes

# State Priorities for Race and Ethnicity Data

- Improve race and ethnicity data collection to:
  - Support state health equity plans
  - Disaggregate race and ethnicity data to assess health disparities, support outreach, and develop targeted state policies
- Develop processes to leverage additional data sources to supplement eligibility data for state-level analyses
  - Some states use survey data and managed care data to assess state- and plan-level disparities
  - One state plans to develop a database to integrate multiple data sources to support disaggregation of data and state-level analyses

# Data Collection Process

- Race and ethnicity are collected on the application
  - States cannot require applicants to provide race and ethnicity information, as it is not a requirement for Medicaid eligibility
  - Self-reported data are considered the gold standard, as this method best reflects an individual's identity
- Application assister organizations help individuals enroll in Medicaid and many receive training on collecting these data

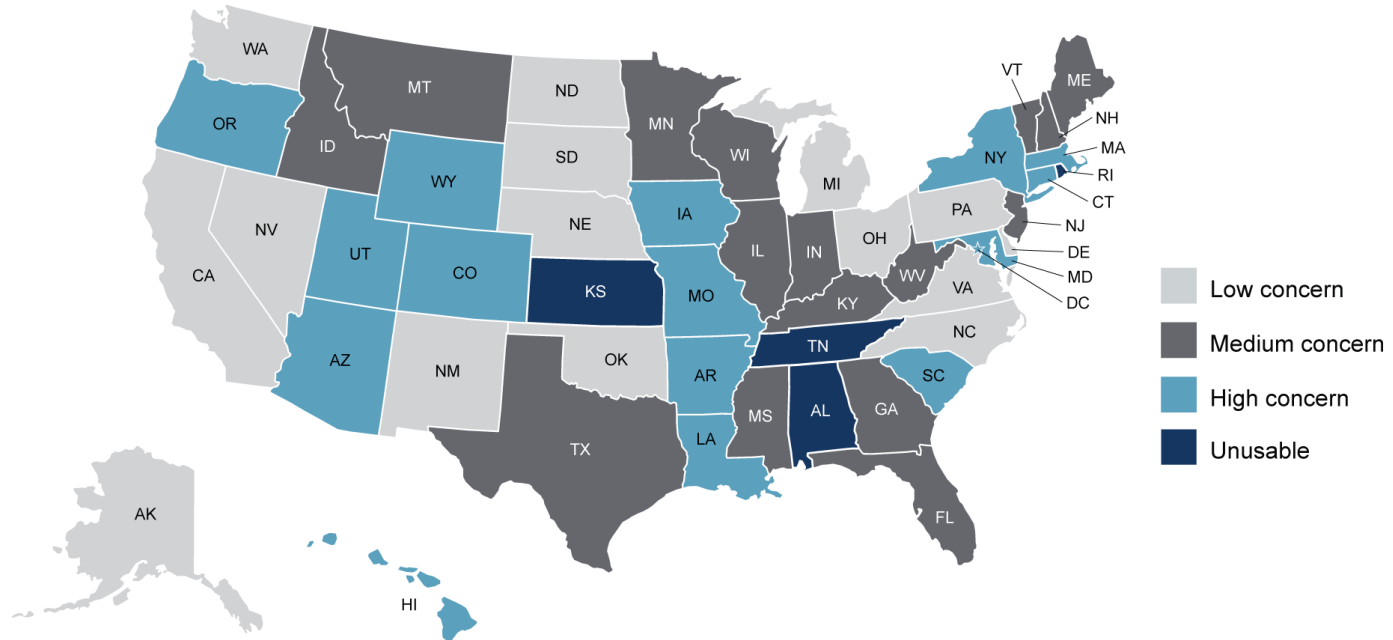
# Data Collection Process

- CMS provided states with guidance for developing their application, including a model application
  - Model application includes race and ethnicity questions with categories that align with 2011 U.S. Department of Health and Human Services (HHS) guidance
  - States have the choice to use the model application, or with CMS approval, modify it, or develop their own
- States with integrated applications must meet the requirements for multiple benefits programs
- Most interviewed states collect race and ethnicity data to meet state-specific needs
  - One made changes to meet state requirements collection, including requiring 33 categories and an option to decline to respond
  - Another is developing a third question that includes an extensive list of ethnicities to reflect the state's population diversity

# Data Quality

- CMS combines two primary criteria for assessing the quality of state Transformed Medicaid Statistical Information System (T-MSIS) Analytical Files (TAF) race and ethnicity data
- The 2020 data quality assessment results show 32 states have usable data
  - Data completeness: 33 states are missing over 10 percent of race and ethnicity information
  - Data accuracy: 26 states have at least one race or ethnicity category that differs from the American Community Survey (ACS) Medicaid population by more than 10 percent

## CMS Data Quality Assessment of State Medicaid Race and Ethnicity Data, FY 2020



**Notes:** CMS uses two primary criteria for assessing the quality of state Transformed Medicaid Statistical Information System (T-MSIS) race and ethnicity data: the percentage of records with missing values and the number of combined race and ethnicity categories where the T-MSIS Analytical Files (TAF) data differ from the American Community Survey (ACS) Medicaid population values by more than 10 percent. They combine these criteria to create one measure of data quality, categorizing the state data quality as low concern, medium concern, high concern, and unusable.

**Source:** TAF FY 2020, CMS 2021a



# Challenges with Data Collection

- Individual's comfort with providing sensitive information:
  - Concern with how information is used
  - Fear of being denied coverage
- Race and ethnicity categories that do not align with individual's identity
- Confusion about how to respond to race and ethnicity questions
  - For example, some individuals shared not being familiar with these categories and not having been asked these questions prior to moving to the United States

# State Reporting Process

- States process and submit race and ethnicity information from the state's Medicaid Management Information System (MMIS) to T-MSIS
  - Data are reported from the eligibility system to the MMIS
  - States must submit one race value and one ethnicity value for each individual
- Majority of interviewed states did not report data processing challenges
  - Two states had issues aggregating eligibility data to meet the federal reporting requirements

# State Reporting Process

- CMS provides states with technical assistance to ensure data quality issues are resolved through tools for evaluation
  - Over half of interviewed states regularly communicated with CMS
  - Race and ethnicity data were not identified by CMS as areas for improvement in these states
- States conduct internal validation and analyses to assess data quality
  - One state compares administrative data to state eligibility reports
  - One state works with agency partners and vendors to monitor eligibility data

# Potential Approaches to Improving Usability

- State data collection:
  - Update model application race and ethnicity question format and categories
  - Additional guidance on state-designed applications
  - Update training to include information on how to ask race and ethnicity questions and explain why they are included
- Data processing:
  - Increase reporting options, such as allowing states to report multiple race and ethnicity values
  - Provide additional mapping guidance, specifically for states that collect values that are not supported by T-MSIS, such as multiple race and ethnicity selection

# Next Steps

- In December, staff will present draft recommendations
- Commissioner feedback today on the potential approaches would help focus options

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