Overview

- Data collection and reporting processes
- Data quality priorities and barriers to improvement
  - Comparability
  - Completeness
  - Accuracy
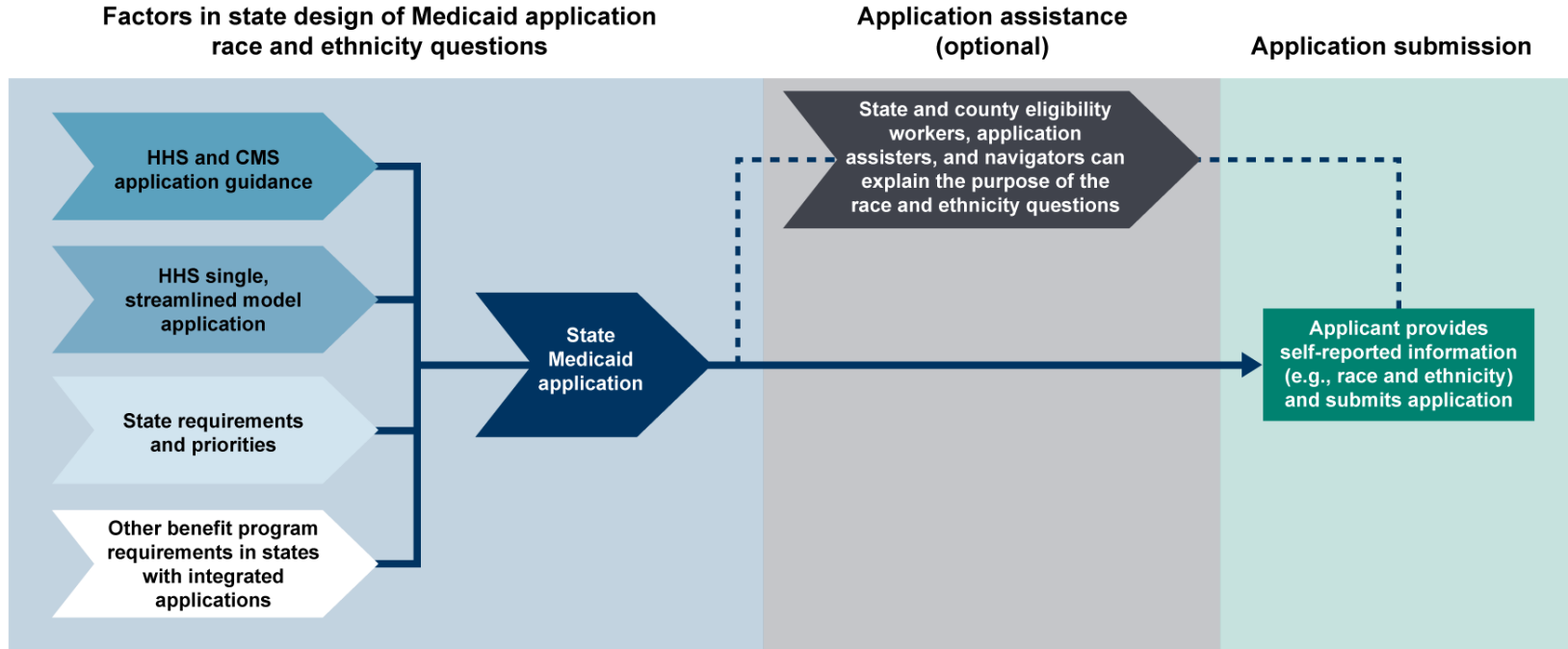- Possible recommendations and rationale
- Next steps

Data Collection Process

- Race and ethnicity data 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
- States have the flexibility to determine which race and ethnicity categories to collect on their applications
  - Many states develop their applications to account for state specific priorities
  - Centers for Medicare & Medicaid Services (CMS) provided states with guidance for developing their application, including a model application
  - States with integrated applications must meet the requirements for multiple benefits programs

Data Collection Process

Factors in state design of Medicaid application race and ethnicity questions
- HHS and CMS application guidance
- HHS single, streamlined model application
- State requirements and priorities
- Other benefit program requirements in states with integrated applications

→ **State Medicaid application**

Application assistance (optional)
State and county eligibility workers, application assisters, and navigators can explain the purpose of the race and ethnicity questions

Application submission
Applicant provides self-reported information (e.g., race and ethnicity) and submits application

Notes: HHS is U.S. Department of Health and Human Services. CMS is Centers for Medicare & Medicaid Services.

Source: MACPAC analysis of race and ethnicity data collection process.

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Data Reporting

- States must report race and ethnicity data to the Transformed Medicaid Statistical Information System (T-MSIS) that, at minimum, aggregate to the Office of Management and Budget (OMB) standards

- State variation in the eligibility system and the Medicaid Management Information System (MMIS) may lead to inconsistent formats between state and CMS data systems
  - States are responsible for their eligibility and MMIS systems and contract with IT vendors to design and maintain these systems
  - CMS provides states with technical specifications and guidance on formatting and submitting race and ethnicity data to T-MSIS

Data Reporting Process
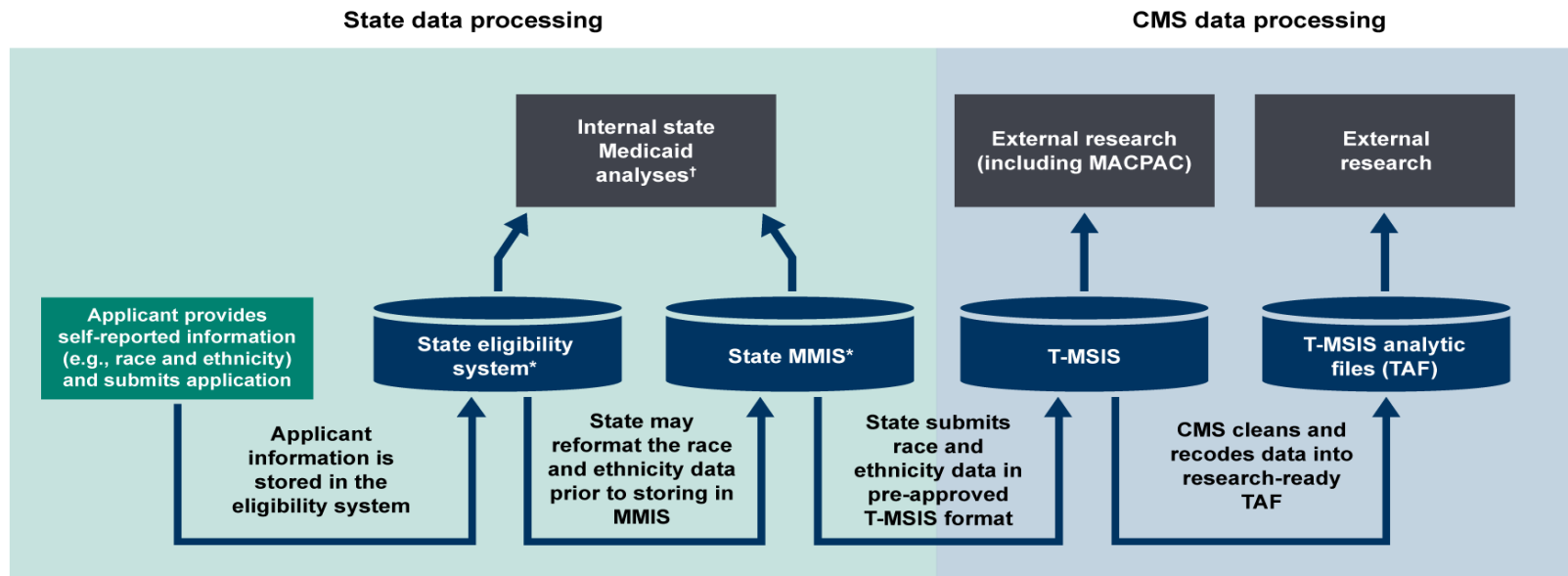
Notes: MMIS is Medicaid Management Information System. T-MSIS is the Transformed Medicaid Statistical Information System. TAF is T-MSIS Analytical Files.

* Some states have integrated the state eligibility system with the MMIS. When systems are integrated, transferring data between internal state systems is not needed prior to submitting the data to T-MSIS.

† Some states supplement application data with other state data sources (e.g., managed care organization data) for internal analyses. However, these data never supplement or update the state eligibility system, state MMIS, or change the data submitted to T-MSIS.

Data Quality Priorities and Barriers to Improvement

Comparability

All states collect and report race and ethnicity categories that, at minimum, align with OMB standards, but they do not consistently collect more granular categories

- **Barriers to collecting comparable data:** State data collection priorities may not always align with or easily aggregate to the federal requirements

- **Barriers to reporting comparable data:** State eligibility systems and MMIS do not always collect and store data in a format that aligns with the T-MSIS reporting categories

Completeness

The CMS Data Quality (DQ) Atlas assesses data completeness of TAF race and ethnicity data as the percentage of records with non-missing values

- **Barriers to collecting complete data:** The primary barriers to collecting information from applicants are:

    – concerns about how the information may be used,

    – fear of being denied coverage, and

    – lack of understanding of the race and ethnicity questions and categories.

- **Barriers to reporting complete data:** Some states have difficulty transferring data from the eligibility system to their MMIS, potentially limiting completeness of T-MSIS

Accuracy

The CMS DQ Atlas assesses data accuracy of TAF race and ethnicity data as the number of combined categories where the TAF and the American Community Survey (ACS) Medicaid population differ by less than 10 percent

- **Barriers to collecting accurate data:** Similar barriers as completeness, including possible difficulty choosing a category if the options do not align with individuals' identity

- **Barriers to reporting accurate data:** The data fields in the eligibility system, MMIS, and T-MSIS are not always aligned, limiting the state's ability to report accurate data

Draft Recommendations and Rationale

Draft Recommendation 1

The Secretary of the U.S. Department of Health and Human Services (HHS) should update the model single, streamlined application to include updated questions to gather race and ethnicity data. These questions should be developed using evidence-based approaches for collecting complete and accurate data. The updated application should include information about the purpose of the questions so that the applicant understands how this information may be used. HHS should also direct the Centers for Medicare & Medicaid Services to update guidance on how to implement these changes on a Secretary-approved application.

Draft Recommendation 1: Rationale

Updating the model application and state guidance for improving data collection would help:

- Address some of the challenges with collecting complete and accurate race and ethnicity information

- Improve the individuals' comfort with providing sensitive information by ensuring they understand the reasons for collecting race and ethnicity data, how these data may be used by the Medicaid program, and that their response does not affect their eligibility

Draft Recommendation 2

The Secretary of the U.S. Department of Health and Human Services should direct the Centers for Medicare & Medicaid Services to develop model training materials to be shared with state and county eligibility workers, application assisters, and navigators to ensure applicants receive consistent information about the purpose of the race and ethnicity questions. The training should be developed with the input of states, beneficiaries, advocates, and application assisters and navigators, user tested prior to implementation, and adaptable to state and assister needs.

Draft Recommendation 2: Rationale

Providing state and county eligibility workers, application assisters, and navigators training on how to ask applicants for race and ethnicity information would help address some of the challenges with collecting this information from applicants by:

- Improving assister knowledge about why these questions are included and how the information may be used by the Medicaid program
- Providing assisters with sample language to explain to applicants why this information is collected on the application

Next Steps

- January meeting:
  - Review draft chapter
  - Vote on recommendations
- Publish chapter in March 2023 report