NAIC Special Committee on Race and Insurance: Workstream 5

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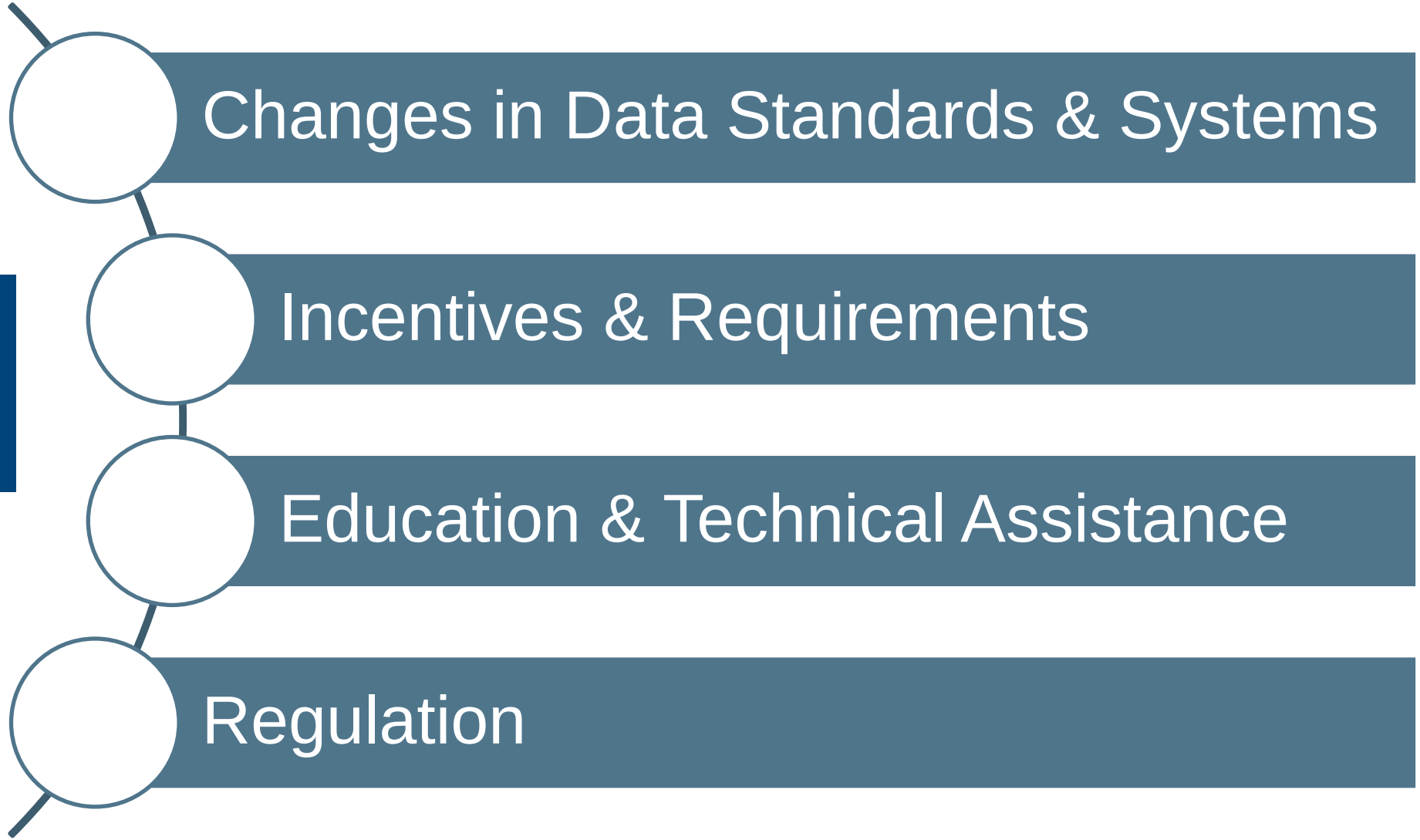
The BIG Idea

High quality care is equitable care

No quality without equity

Build equity into all NCQA programs

Federal Recommendations: Improving Race and Ethnicity Data in Health Programs



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Recommendations

Changes In Data Standards & Systems

#2

The Interagency Working Group on Equitable Data should review existing data systems and work through OMB to **standardize the collection and reporting of racial, ethnic, and other demographic data** across the federal government while providing states, local governments, and grantees guidance and structures they can use to collect meaningful data on the populations residing in their area.

#3

The Centers for Medicare & Medicaid Services (CMS) should **include race and ethnicity on the Medicare Part C & D application**.

Recommendation to NAIC: *States could standardize the collection of this information at plan commercial enrollment*

Recommendations

Incentives & Requirements

#7 OMB should **require all federal program reports to include data stratified by race, ethnicity, and other demographics** where feasible.

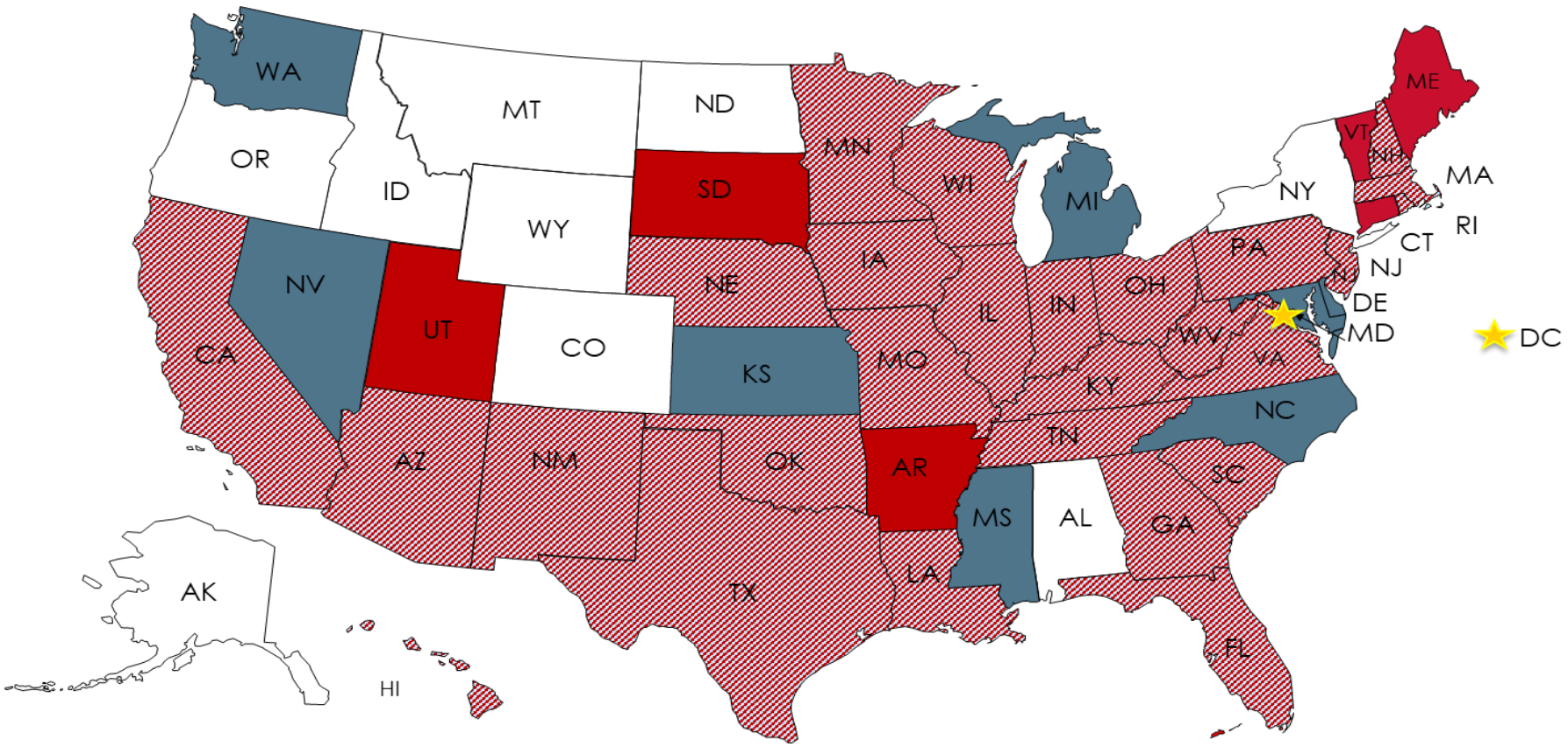
#8 HHS should require state and local health departments, Medicaid programs, public health, and human service programs to **conduct an audit of their race and ethnicity data to identify information gaps and barriers to completion**.

#17 State legislators and regulators should similarly **review whether laws or insurance codes prohibit or restrict collection of race and ethnicity data** and amend as necessary.

#18 The Department of Labor (DOL) should clarify whether, and under what circumstances, **employers are permitted to share race and ethnicity data** collected as part of Equality Employment Opportunity Commission (EEOC) requirements.

42 States Require or Recognize NCQA Health Plan Accreditation *(2022)*

NCQA accredited plans will be stratifying populations by race and ethnicity



Commercial Regulator or Purchaser (DOI, PEBP) Only (7)

Medicaid Only (9)

Both (27)

Plans w/ NCQA HPA

522 Commercial
248 Marketplace
191 Medicaid
228 Medicare

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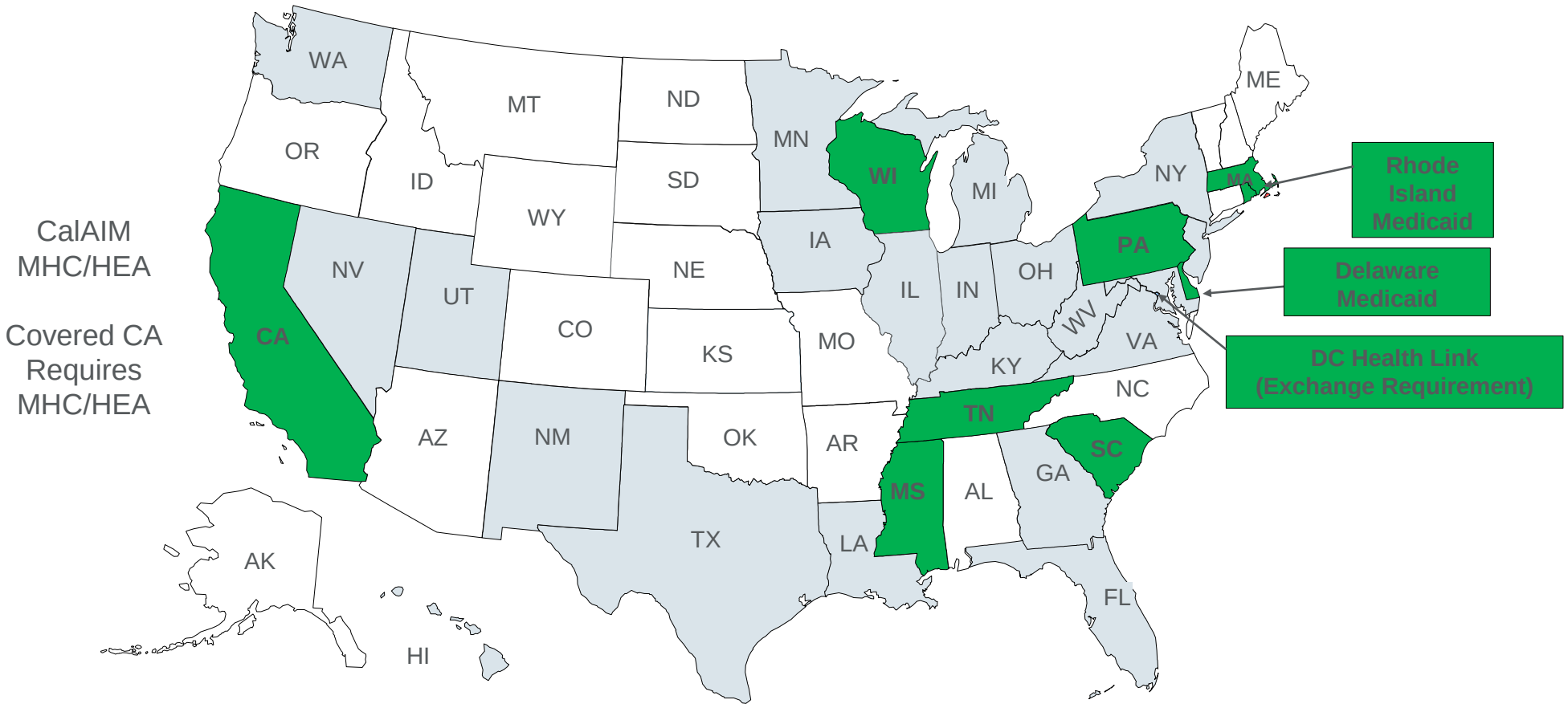
HPA Health Equity Requirements effective July 2022

One New Element and Six New Factors to promote health equity as a core competency

Element/Factor	Health Equity Topic
Quality Improvement Standard 1, Element E, factors 1 and 2	Promoting Organizational Diversity, Equity and Inclusion
Population Health Mgmt Standard 1, Element A, factor 6	Health Equity in PHM Strategy
Population Health Mgmt Standard 2, Element B, factors 5-6	Racial or Ethnic Groups' Needs Assessment Limited English Proficiency Assessment
Population Health Mgmt Standard 2, Element C, factor 3	Health Disparities Resources Review and Update
Population Health Mgmt Standard 2, Element D, factor 2	Assess for Racial Bias in Methodology
Population Health Mgmt Standard 3, Element A, factor 6	Training on DEI, Cultural Competency and Bias
Network Mgmt Standard 1, Element A	Annual Assessment of Cultural, Ethic, Racial and Linguistic Needs

States Building on experience with Accreditation

Use of NCQA Multicultural Health Care Distinction: January 2022



Required to Achieve NCQA's Multicultural Health Care Distinction/Health Equity Accreditation

64 Medicaid plans, **14** Exchange, **6** Medicare Advantage plans, **4** Commercial plans with MHC Distinction

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Health Equity Accreditation

What is HEA?

A program targeting the key functions organizations need to demonstrate cultural competency and the capabilities required to address inequities experienced by the populations they serve.

Surveys begin July 1, 2022

A 3-Year Standards-Based Accreditation Program

- Organizational Readiness
- Race/Ethnicity, Language, Gender Identity & Sexual Orientation Data
- Access & Availability of Language Services
- Practitioner Network Responsiveness
- Cultural & Linguistically Appropriate Services (CLAS) Programs
- Reducing Health Care Disparities

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Leveraging Race & Ethnicity Data for Quality Measurement

Defining Stratifications

In HEDIS, race and ethnicity strata are reported separately.

For each race and ethnicity category, plans must also report the breakdown by data source.

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Some Other Race
- Two or More Races
- Asked but No Answer
- Unknown

Ethnicity:

- Hispanic / Latino
- Not Hispanic / Latino
- Asked but No Answer
- Unknown

Direct:
Member Self-Reported Data

Indirect:
Secondary or Imputed Data

Race and Ethnicity Stratification

Selected Measures for MY 2022

Measure	Product Lines	Domain
Colorectal Cancer Screening (COL; COL-E)	Commercial, Medicare	Effectiveness of Care
Controlling High Blood Pressure (CBP)	Commercial, Medicaid, Medicare	
Hemoglobin A1c Control for Patients With Diabetes (HBD)	Commercial, Medicaid, Medicare	
Prenatal and Postpartum Care (PPC)	Commercial, Medicaid	Access & Availability of Care
Child and Adolescent Well Care Visits (WCV)	Commercial, Medicaid	Utilization

Just Approved: 8 additional measures stratified for Measurement Year 2023 reporting

Key Takeaways

- Plans across the country are committing to address inequities and using accreditation as a structured approach. States should consider adopting these standards across state programs (commercial, exchange and Medicaid) as California has done.

- NCQA is committed to supporting best practices for collecting direct data from individuals to support an equitable healthcare experience. We see states as critical policy partners in enabling the collection and sharing of this data.

Questions

Get in touch

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Appendix: Report Findings

Race and Ethnicity Data Collected at Enrollment in Selected Health Programs

SETTING	DATA COLLECTION STANDARD	COMPLETENESS	SELF-REPORTED?	DATA AVAILABLE FOR RESEARCH?
Medicare	Standards have changed over time	●	✔[a]	✔
Medicaid	HHS 2011[b]	◗	✔	✔
Federally-Facilitated and State-Based Marketplaces (FFMs; SBMs)	FFMs HHS 2011; SBMs vary	◗	◗	✔
Commercial Insurance	Unknown	○	Unknown	✗
Veterans Health Administration	OMB 1997	●	◗	✗
Indian Health Service	Blood Quantum & Tribal Affiliation	◗[c]	Unknown	✔
Federally Qualified Health Centers	OMB 1997	●	✔[d]	✔[d]
Birth Records	HHS 2011	●	✔[e]	✔
COVID-19 Vaccinations	OMB 1997	◗	Unknown	✔
Pregnancy Risk Assessment Monitoring System	OMB 1997	◗	✔[f]	✔

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Appendix: HEDIS and Equity

Inclusive Measures, Addressing Social Needs

Gender and Pregnancy Language

Planned for HEDIS MY 2023

Update to gender neutral language that acknowledges that high quality perinatal and pregnancy care is not limited to women giving birth.

Gender-based Eligible Populations & Stratifications

Review measure intent and update, where and if possible, to ensure best care is reaching all appropriate members.

Social Needs Screening and Referral (SNS-E)

Planned for HEDIS MY 2023

Measure Description

The percentage of members who, during the measurement period, were:

- screened at least once for unmet food, housing and transportation needs
- if screened positive, received a corresponding intervention.

Medicaid, Commercial, Medicare