NAIC Special Committee on Race and Insurance: Workstream 5

June 30, 2022

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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

- Changes in Data Standards & Systems
- Incentives & Requirements
- Education & Technical Assistance
- Regulation
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.

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

Plans w/ NCQA HPA

- 522 Commercial
- 248 Marketplace
- 191 Medicaid
- 228 Medicare

Legend:
- Red: Commercial Regulator or Purchaser (DOI, PEBP) Only (7)
- Blue: Medicaid Only (9)
- Pink: Both (27)
HPA Health Equity Requirements effective July 2022

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

<table>
<thead>
<tr>
<th>Element/Factor</th>
<th>Health Equity Topic</th>
</tr>
</thead>
</table>
| 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

- **CalAIM MHC/HEA**
- **Covered CA Requires MHC/HEA**

**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

[reportcards.ncqa.org](http://reportcards.ncqa.org)
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
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*

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

**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

<table>
<thead>
<tr>
<th>SETTING</th>
<th>DATA COLLECTION STANDARD</th>
<th>COMPLETENESS</th>
<th>SELF-REPORTED?</th>
<th>DATA AVAILABLE FOR RESEARCH?</th>
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<tbody>
<tr>
<td>Medicare</td>
<td>Standards have changed over time</td>
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<tr>
<td>Medicaid</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>Federally-Facilitated and State-Based Marketplaces (FFMs; SBMs)</td>
<td>FFMs HHS 2011; SBMs vary</td>
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<td>❌</td>
<td>✔</td>
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<tr>
<td>Commercial Insurance</td>
<td>Unknown</td>
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<td>Unknown</td>
<td>✗</td>
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<tr>
<td>Veterans Health Administration</td>
<td>OMB 1997</td>
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<td>✔</td>
<td>✗</td>
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<tr>
<td>Indian Health Service</td>
<td>Blood Quantum &amp; Tribal Affiliation</td>
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<td>Unknown</td>
<td>✔</td>
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<tr>
<td>Federally Qualified Health Centers</td>
<td>OMB 1997</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>Birth Records</td>
<td>HHS 2011</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>COVID-19 Vaccinations</td>
<td>OMB 1997</td>
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<td>Unknown</td>
<td>✔</td>
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<tr>
<td>Pregnancy Risk Assessment Monitoring System</td>
<td>OMB 1997</td>
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<td>✔</td>
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</table>
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