



How race and ethnicity data collection can improve quality of care for Medicare Advantage members



Jeff Meyers

Associate Director of
product management

In the past couple of decades, government entities have lobbied for policies that have the potential to change people's experiences with systems in the United States. The Center for Medicare and Medicaid Services (CMS) has been at the forefront of implementing new policies and systems to help capture data that can be used to understand underserved populations and eliminate inequalities in healthcare.

To achieve the goal of equality for all in healthcare, many organizations (payers and providers alike) must be “rewired” to recognize and address existing inequities. To start down this path to transformation, the inequities must first be identified. To that end, in 2021 CMS announced that it would mandate the collection of additional data points to help it and its contracted agencies to understand the inequalities Medicare beneficiaries may encounter. These additional data points to be captured include **race** and **ethnicity**.

This move aligns with CMS's shift to stratified reporting, which provides information to assist in the targeted improvement of quality, and dedicated resources to advance accessibility through the addition of data-backed interventions. A key component of stratified reporting is the ability to collect race and ethnicity data consistently. Taking a trip down memory lane, The Affordable Care Act set the gold standard for collecting data to eliminate barriers to health by standardizing data collection and mandating specific data points to be collected and analyzed. In the last couple of years, the Biden administration has paved the way for CMS to start collecting additional data such as race and ethnicity.

Recent executive orders such as Executive Order 13985, which has a goal of “Advancing Racial equity for underserved communities through the federal Government,” and Executive Order 14031, which has a goal of “Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiian, and Pacific Islanders.” The themes of these executive orders are strikingly similar.

Both look to address barriers that individuals in underserved communities may face in enrolling, accessing and using benefits and services in federal programs. These executive orders also aim to determine if new policies and regulations are warranted to govern federal programs, understand the operational landscape for each agency and, most importantly, boost engagement in underserved communities. Moves such as these will help build credibility and trust in the federal government and its entities.

CMS made several announcements regarding the mandate of collecting race and ethnicity data, which went into effect on January 1, 2023, and also clarified the methodology behind the new regulation and its plans for initiation. Realizing that underserved communities are often less likely to trust the federal government and may be less likely to willingly participate in the data collection, CMS and Health and Human Services (HHS) partnered with several Medicare Advantage (MA)

plans to participate in an enrollment demonstration in which enrollees could optionally respond to race and ethnicity questions.

During the 2022 calendar year, CMS, via their ongoing partnership with the University of Chicago's National Opinion Research Center (NORC), conducted sample interviews with select new enrollees who switched plans once the Open Enrollment Period (OEP) began. CMS determined a sample size of 120 members, which included 60 MA enrollees and 60 Prescription Drug Plan enrollees.

Now that the race and ethnicity mandate is in effect, CMS is again partnering with NORC to understand and remove further roadblocks to data collection. NORC will incentivize individuals who choose not to respond to the race and ethnicity questions to participate in interviews so that CMS can better understand their objections and concerns.



Invitations for these interviews will be distributed from April 2023 through June 2024. Once the interviews are conducted and data is collected, the data will be analyzed to understand people’s objections. Based on the prior demonstration, the most common concerns that people in underserved communities had in providing answers to race and ethnicity questions were:

1. How the data would be used
2. Confidentiality of the data
3. How this data may impact medicare eligibility

Many of the aforementioned concerns resulted from enrollees feeling disconnected from the greater community. Despite these concerns however, and as painful as it may be to collect this information, the value of having this data and analyzing it in the entire landscape of medicare is priceless. CMS strives to use this data to offer better coverage options for all members and clearly understand what differences (if any) exist among different socio-demographic groups. This effort aligns with the recent hyper-focus on understanding and analyzing differences in quality measure performance by race and ethnicity to improve inequities in health.

**Figure 1. Disparities in care by race and ethnicity:
All patient experience measures**

Number of patient experience measures (out of 7) for which members of selected racial and ethnic groups reported experiences that were above, similar to, or below the national average in 2021

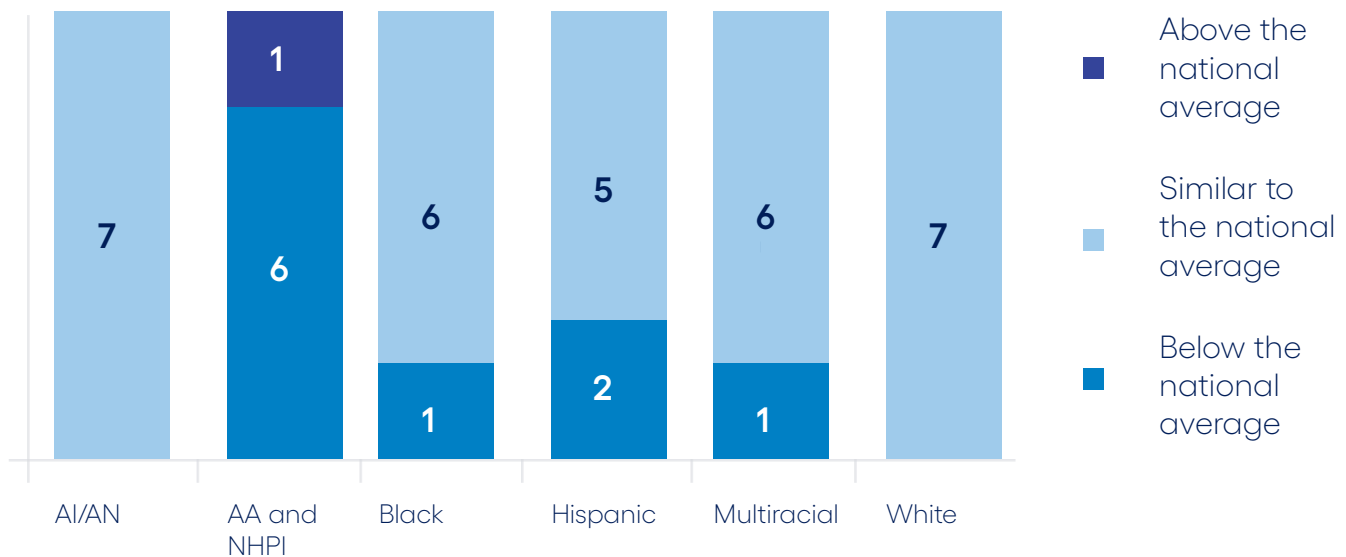


Figure 1 above, illustrates differences in provider care based on race. It is a prime example of how impactful collecting this data on race and ethnicity can be in understanding specific patterns in disparities in care. The key takeaway: 10 out of 35 minority interviewees (more than a quarter of those surveyed – 28%) felt the quality of care they received was below the national average.

Governing bodies can use this type of information to initiate policies and regulations to close the gaps in care resulting from the disparities among different races and to understand the experiences of Medicare members better. Without this data, achieving equity in care is not possible.

In its effort to create a disparity-free Medicare system, CMS is continually evolving its regulations to gain a better understanding of its population of members. The latest mandate requiring the collection of race and ethnicity data aims to understand underserved populations and eliminate inequalities in healthcare. For Medicare Advantage plans looking to respond quickly to CMS policy changes, the right enrollment solution can be a game changer. TriZetto's Enrollment Administration Manager (EAM) solution supports the collection and submission of Race and Ethnicity to support the CMS submission requirements, but also provides the flexibility for plans to collect additional Race & Ethnicity values present in their coverage areas. While these additional values cannot be submitted to CMS, it affords plans the ability to collect even more precise data about the populations they serve and, over time, may provide meaningful information to consider in evaluating health equities, and responding with changes and programs to address inequities that exist.

Contact us to learn more, visit www.cognizant.com/trizetto



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World Headquarters

300 Frank W. Burr Blvd.
Suite 36, 6th Floor
Teaneck, NJ 07666 USA
Phone: +1 201 801 0233
Fax: +1 201 801 0243
Toll Free: +1 888 937 3277

European Headquarters

1 Kingdom Street
Paddington Central
London W2 6BD England
Phone: +44 (0) 20 7297 7600
Fax: +44 (0) 20 7121 0102

India Operations Headquarters

#5/535 Old Mahabalipuram Road
Okkiyam Pettai, Thorajpakkam
Chennai 600 096
Phone: +91 (0) 44 4209 6000
Fax: +91 (0) 44 4209 6060

APAC Headquarters

1 Changi Business Park Crescent
Plaza 8@CBP # 07-04/05/06
Tower A, Singapore 486025
Phone: + 65 6812 4051
Fax: + 65 6324 4051

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