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ADVANCING INTEGRATED HEALTHCARE

# Demographic Data Collection Pilot Opportunity

Planning Committee Meeting | May 1, 2024

Topic	Presenter
Welcome, Updates	<i>Yolanda Bowes, Program Manager, CTC-RI</i>
Health Equity Affordability Standards	<i>Cory King, OHIC Commissioner</i>
Current plans on Affordability Standard & CMS Health Equity Index	<i>Tarah Provencal &amp; Brendan Generelli, BCBSRI</i>
Next Steps and Discussion Q&A	<i>Yolanda Bowes, Project Manager, CTC-RI</i>

- 15 Practices chosen for the 2024 Improving Demographic Data Collection in Primary Care to Address Health Disparities Quality Improvement Initiative
- 3 Practices Continue from the Pilot and have completed their Best Practice Pre-Assessments
- 12 new practices have completed their Baseline Needs Assessments
- All practices have submitted their Baseline Data (REL)
- 4/25 Kick Off Learning Collaborative, 46 in attendance
- Revised OMB Standards were published



[OMB Announces New Agency Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#)

[OMB Publishes Revisions to Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#)

## Demographic Data Quality Improvement Baseline REL Data



# Thank you

## Planning Committee Members

<b>Amy Zimmerman</b>	Consultant
<b>Cesarina Elias</b>	NHPRI
<b>Christin Zollicoffer</b>	Lifespan
<b>Christine West</b>	UnitedHealthcare
<b>Elena Nicolella</b>	RI Health Center Association
<b>Emily Cooper</b>	Health Centric Advisors
<b>Garry Bliss</b>	Prospect
<b>Jeff Cumplido</b>	Coastal
<b>Jennifer Etue</b>	PCHC
<b>Jocelyn Roman</b>	EOHHS
<b>Katie Murray</b>	Rhode Island Foundation
<b>Kim Morgan</b>	Tufts
<b>Leigh Nyahe</b>	Prospect
<b>Linda Cabral</b>	CTC-RI
<b>Michelle Bicket</b>	NHPRI
<b>Natasha Viveiros</b>	PCHC
<b>Neil Sarkar</b>	RIQI

<b>Olivia King</b>	EOHHS
<b>Pano Yeracaris</b>	CTC-RI
<b>Richard Gillerman</b>	Lifespan
<b>Sheila DiVincenzo</b>	RIDOH
<b>Stacey Aguiar</b>	UnitedHealthcare
<b>Stephanie De Abreu</b>	Care New England
<b>Stephanie Grenier</b>	RIPCPC
<b>Tricia Stewart</b>	IMAT

## Planning Team Members

<b>Adrian Bishop</b>	Advocates Human Potential
<b>Elaine Fontaine</b>	Consultant
<b>Kerri Costa</b>	Consultant
<b>Michelle Mooney</b>	CTC-RI
<b>Nijah Mangual</b>	CTC-RI
<b>Sue Dettling</b>	CTC-RI
<b>Susanne Campbell</b>	CTC-RI
<b>Yolanda Bowes</b>	CTC-RI

# Demographic Data Committee

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May 1, 2024

Cory King

Health Insurance Commissioner

**RHODE  
ISLAND**

# About OHIC

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- The [Office of the Health Insurance Commissioner](#) (OHIC) is Rhode Island's commercial health insurance policy reform and regulatory enforcement agency. OHIC seeks to improve health care access, affordability, and quality. The office does so as it:
  - Protects the interests of consumers,
  - Encourages fair treatment of health care providers,
  - Improves the health care system, and
  - Guards the solvency of commercial health insurers.

# Health Equity and Demographic Data

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- OHIC amended Regulation 4 in 2023 and added a Health Equity section.
  - By 1/1/2026 insurers are required to obtain NCQA Health Equity Accreditation
  - OHIC added demographic data collection principles and demographic data use principles to follow.
  - Commercial health insurers are encouraged to obtain demographic data on at least 80% of their member by January 1, 2025.



# Demographic Data - Definition

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- Demographic data means self-reported data on race, ethnicity, preferred language, sex assigned at birth, gender identity, sexual orientation, and disability.

# 2024 Demographic Data Standards Work Group

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- During the 2023 Annual Aligned Measure Set Review, the OHIC Measure Alignment Work Group expressed frustration that a lack of common data standards for demographic information (i.e., race, ethnicity, language, disability, sexual orientation, gender identity, and sex) impeded progress towards meaningful quality measure stratification.
- The Measure Alignment Work Group recommended that OHIC, in partnership with EOHHS and RIDOH, explore adoption of a voluntary set of demographic data standards for Rhode Island.

# 2024 Demographic Data Standards Work Group

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- The Demographic Data Standards Work Group will:
  - a) recommend a voluntary set of demographic data standards for adoption by providers and insurers in Rhode Island, and
  - b) assist insurers in satisfying OHIC's regulation regarding demographic data completeness.
- OHIC plans to convene the group in May through November.



# Data Collection & CMS Health Equity Index

**Tarah Provencal, Director of Health Equity,  
BCBSRI**

**Brendan Generelli, Program Manager,  
BCBSRI**

# REL/SOGI Self-Reported Data Collection

# Self-Reported REL/SOGI Data Collection

*BCBSRI set a goal to collect self-reported member data from our 18+ members. 2023/2024 data collection includes member race, ethnicity, language, sexual orientation, gender identity, and pronouns.*

- ✓ Established REL/SOGI questions and options
- ✓ Configured internal systems to collect and share member data within
- ✓ Supported our associates with sensitivity trainings, scripts and system training
- ✓ Launched our Health Equity Report end of 2022
- ✓ Member portal and customer service go live on February 27, 2023; Mobile app go live on August 2023

# BCBSRI Health Equity Report

Located at:  
[bcbsri.com/about/healthequity](https://bcbsri.com/about/healthequity)



## HEALTH EQUITY REPORT | 2023

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is working to improve the health and well-being of Rhode Islanders by leading access to high quality, affordable, and equitable care. Our journey to ensure our members have access to quality and equitable care involves gathering information to help us better understand their healthcare needs. This Health Equity Report was created from 2022 claims data from our Rhode Island adult members, using measures widely leveraged by health plans and clinicians to monitor healthcare quality. You'll see that the report shows racial and ethnic inequities in several areas of care.

To build a better system that addresses these inequities, we need the best information – and that's where you come in. We're inviting you to tell us more about yourself. Your responses won't affect your coverage or premiums. Rather, they will help us identify parts of the healthcare system that work and places where they fall short, laying the groundwork for new programs and solutions that support more inclusive, affordable, and accessible care for all. We hope you'll participate (it won't take long). You'll find the questions in the My Account section of [myBCBSRI](#) or when you first register your myBCBSRI account.

### CHRONIC CONDITIONS

	Asian	Black	Hispanic	White
<b>Asthma Medication Ratio - Performance Rate</b> Percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.		80.9%	85.5%	84.3%
<b>Controlling High Blood Pressure</b> Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	68.5% <sup>+</sup>	63.4% <sup>+</sup>	62.0% <sup>+</sup>	72.4%
<b>* Hemoglobin A1c Control for Patients With Diabetes - Poor HbA1c</b> Percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at >9.0% (poor control) during the measurement year.	29.4%	32.9% <sup>+</sup>	37.7% <sup>+</sup>	28.3%
<b>Hemoglobin A1c Control for Patients With Diabetes - HbA1c &lt; 8%</b> Percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at <8.0% during the measurement year.	61.9%	59.8% <sup>+</sup>	55.3% <sup>+</sup>	63.8%

# What's Next in 2024/2025

*BCBSRI is continuing to make adjustments and advances in our data collection strategies.*

- ✓ Update our race and ethnicity categories to align with OMB's revised SPD 15 data standards
- ✓ Update our commercial enrollment forms to collect race and ethnicity
- ✓ Include a question on disability as part of our member survey
- ✓ Update our sexual orientation question to align with NCQA's Health Equity Accreditation standards



# CMS Health Equity Index

# HEALTH EQUITY INDEX DEFINITION AND CALCULATION

- **\*CMS developed a Health Equity Index (HEI) Reward to replace the Reward Factor starting with the 2027 Medicare Stars Rating based on performance in 2024 and 2025**
  - **Current Reward Factor rewards consistently high-performing plans with up to .4 additional Stars and for '23 Star Rating was responsible for providing ~98% of 5-Star plans the lift needed above 4.5-Star, and ~55% of 4.5-Star plans the lift required beyond achieving a 4.0-Star**
- **HEI reward qualification will be based on two criteria:**
  - (1) How much of each individual H-contract is composed of CMS-defined social risk factor (SRF) populations relative to an industry median across low-income, dual eligible, or permanently disabled**
    - For the initial HEI, this will be based on CY 2025 Enrollment
  - (2) How well these SRF populations perform for a defined set of Stars measures. Focus will be HEDIS and Part D but may also include both CAHPS (Member Experience Survey) and HOS (Health Outcomes Survey)**
- **Scoring to be computed as follows per CMS:**
  - (1) CMS scores performance of included measures (to be defined later by CMS) across all contracts**
  - (2) Contract is assigned a score of -1,0, or 1 for included measure depending on whether performance fell in top, mid, or bottom third for each measure**
  - (3) Performance of each measure is multiplied by measure weight and divided by total available points, producing an index score that qualified contract for 0 to 0.2 or 0 to 0.4 total lift to Stars score**
    - Range of 0 to 0.2 and 0 to 0.4 depends on whether we have 50% of the contract-level median enrollment of SRF population, or 100% of the median

\*HEI formally replaces reward factor in for Star Rating 2027 --- rating issued October of 2026, marketed for plan year 2027, reimbursement linked to 2028 bid

\*\*CMS intends to bring additional Social Risk Factor groups (Race/Ethnicity/Gender/etc) into this measure in future years

# What's Next in 2024/2025

*BCBSRI will continue to support our members and providers in reducing disparities in care*

- ✓ Continue sharing data with provider partners
- ✓ Establish Quality Forums to share best practices
- ✓ Discuss tactics to allow better collaboration between pharmacists and physicians for this population
- ✓ Focus on SDOH Needs

# Questions

# Thank You



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.



Medicaid workgroup finalizing recommendations and will present at future HIT Steering Committee Meeting.

2024 Improving Demographic Data Collection in Primary Care to Address Health Disparities Quality Improvement Initiative

OHIC 2024 Demographic Data Standards Work Group

# Questions & Discussion



# THANK YOU

 [www.ctc-ri.org](http://www.ctc-ri.org)

 [CTC-RI](#)

