

HHS-CMS-CMCS

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2:00 pm CT

Coordinator: Good afternoon and thank you for standing by. And welcome to the all-state Medicaid and CHIP call. Your lines are in a listen only mode until the question and answer session of today's conference. At that time, you may press star followed by the number 1 to ask a question. Please unmute your phones and state your name when prompted. Today's call is being recorded. If you have any objections, you may disconnect at this time. It is now my pleasure to turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Thank you and good afternoon and welcome everyone to today's all state call and webinar. I'll now turn to Dan Tsai, our Center Director, for opening remarks. Dan?

Dan Tsai: Thanks, Jackie. Hello, everybody. We are going to spend a few minutes talking about something that is different than unwinding, although it is highly relevant. And then there will be Q&A and other pieces, since I know we have put out quite a bit on Medicaid unwinding topics recently, and we've been in great discussions with our state colleagues; intensive discussions, on this. So I want to acknowledge that.

But for today, our primary focus is on a set of groundbreaking data briefs that we put out on health equity/health disparities. And you'll be hearing from

Aditi Mallick, who is our Chief Medical Officer, and Kim Proctor in our Data Services Group. I think our state colleagues know here - could that be around race/ethnicity, or language, or even rural, urban, you know, demographic status. Things that are really important variables to look when we look at health disparities and across a range of pieces.

So you'll hear from the team some very exciting things that we've been able to do with our CMSIS data, which is data coming in from the states, to really build out a much fuller view of our race and ethnicity breakdown within the Medicaid program, as well as rural kind of where folks live, primary language, and then disability-related eligibility. We're quite excited about being able to put out some of this data for the first time based on our collective data - federal, state, kind of partnering together versus having to rely on other survey data or third parties but administrative data that we within the Medicaid program have.

And we think it's important for increasing public transparency around just what the baseline status is of what the program looks like. So you'll hear from the team on that. And I think before we get started I want to let folks know the team will be using the webinar platform to share slides today. So if you're not logged in we suggest you do so. And folks can also submit questions into the chat at any time during the presentation. And so after that we'll open for general questions including anything folks have on unwinding and the pieces that we continue to be very engaged in.

We appreciate folks being at the table. We are pushing and urging, as you all know, for states and others, to do everything in folks' collective power to help keep people covered by Medicaid or enrolled in Medicaid, or successfully in other forms of coverage. So more on that. So with that, I'm going to turn it to

Aditi and Kim Proctor, to start walking through the new data briefs. Thanks so much.

Aditi Mallick: Thank you, Dan. And thank you all, for joining us. Next slide, please. Next slide, please. Can folks hear me? Hello?

Krista: Yes, go ahead.

Aditi Mallick: Okay, (unintelligible) Im just going to go ahead and keep going. But when we do catch up with the slides let's go to slide 4, please. I would like to spend some time this morning, going over, or excuse me, this afternoon, going over the data briefs and giving you some background on what they are before turning it over to my colleague, Kim Proctor, who will share some of the key findings from the data briefs, all of which are available today on [Medicaid.gov](https://www.Medicaid.gov).

This, as Dan said, is really part of our commitment to measuring disparities in access to care and using what we find to make focused, evidence-based investments that improve the health of all the enrollees in Medicaid and CHIP. Thank you. And now the slides have caught up. Just about two weeks ago we released a series of equity data briefs that focus on four key areas of social and demographic characteristics of individuals enrolled in the program. Those are race and ethnicity data briefs. And this is a pair of companion briefs with 2019 and 2020 data; second, a disability data brief using 2020 data; third, a primary language data brief, again with 2020 data; and fourth and finally, a data brief on rural versus urban, also using 2020 data.

These, as Dan said, reflect information on the Medicaid and CHIP program based on data submitted by states via CMSIS. And the data underlying these briefs are CMSIS analytical files. What is incredibly exciting about this is the

first time that CMSIS has been able to summarize these important social and demographic characteristics of the Medicaid and CHIP population using actual administrative data and not survey data. And our hope is that this will be the first of releases to come.

So as and when additional years of data are available, we are committed in the spirit of public transparency and partnership, to publishing those on Medicaid.gov as well. Next slide, please. I'll spend a few minutes now on data sources. I'm on slide 5. These are, as I said, based on CMSIS data, which includes information that states submit about their enrollees, about Medicaid and CHIP covered services, payments to providers and managed care organizations, enrollees' diagnoses and health conditions, and information on providers and managed care plans.

These data are then converted into analytical files, affectionately known as TAFs, which are then optimized for research purposes. More information about both CMSIS and TAF are available on Medicaid.gov. Historically, missing and or poor quality data has limited the ability to use direct administrative data to understand the key characteristics socially and demographically of the population.

We are committed to working with our state partners to improve the collection and submission of that data, and when necessary, to use indirect estimation technology or methodologies such as imputation to provide alternative information when that quality of the submissions is either incomplete or of poor quality for a variety of reasons. Next slide, please.

This slide, slide 6, outlines what is in the data brief that my colleagues and proctor will go over in a few minutes. Each data brief summarizes demographic characteristics of a specific Medicare Chip subpopulation trends

in age, benefits packages, managed care participation, geography, and racial and ethnic composition. The first two describe the race and ethnicity of enrollees in the Medicaid and CHIP populations in 2019 and 2020, respectively.

The rural data brief describes enrollees in Medicaid and CHIP residing in rural areas and compares those enrollees to those residing in urban areas. The primary language spoken data brief describes enrollees whose primary language is not English and compares them to enrollees who do speak English as their primary language. And last but not least, the Medicaid enrollees who qualify for benefits based on disability described enrollees who are eligible for Medicaid through a disability-related pathway. Next slide, please.

For just level setting as we go into now the findings in a minute of each of those data briefs, the figures contained in each of these briefs include Medicaid and CHIP enrollees from all 50 states, the District of Columbia and Puerto Rico. They do not include enrollees from Guam, American Samoa, Northern Mariana Islands or the US Virgin Islands. And they do include enrollees who are duly eligible for Medicaid and Medicare. Next slide, please.

As I said, I will close by saying these are really an initial set of health equity-focused data briefs now available on Medicaid.gov, and what we hope will be the first of additional data briefs to come. So as updated counts and updated data are available and the imputation methodology and unnecessary analyses can be run for subsequent years, we plan to publicly make those future data briefs available at Data.Medicaid.gov as that data becomes available. Next slide, please.

I will now hand the mic over to my colleague, Kim Proctor, from our data assistance group, to go over the findings of the data brief. Kim, over to you.

Kimberly Proctor: Great. Thank you so much. Hi, everyone. I'm Kim Proctor, and I am the Chief Data Officer in DSG. And I'm so excited to build on that great introduction by showing you some of the great things that we can do with our Medicaid and CHIP data at FEMA. So today we'll talk through two examples of the data brief to highlight the results and provide a preview of what you can expect to see if you review the broader set of briefs online.

So the first brief we'll talk about is the race and ethnicity data brief and the second is the disability brief. But before we get to the results I do want to take a moment to highlight some of the general notes about the slides in the data brief. If you view them online there is information at the front of the brief that will explain what data we used, our key definitions, any data quality considerations, or any other relevant notes. So if you have those types of specific questions you should be able to find them in the very front of those briefs so you know exactly what you're looking at.

And there are also some great data tables at the end of the brief. And those are really helpful for contextualizing the results or if you've ever gotten like a question about a high level number about any of these categories. For example, you could actually go to those data briefs at the end of the table, the data tables at the end of the brief, and you would be able to see some of those high level results, which is great. So with that, we can move to the next slide. Okay, great. We can move to this slide and start actually talking about what some of the results look like.

So this is a great example of some of the things that we can say using these briefs that we haven't been able to publicly release prior to using this type of data. And so this first slide that we're showing just shows what is the racial and ethnic composition of the Medicaid and CHIP population in 2019. How

does that compare to the entire US population? What you can see here is that the Medicaid and CHIP population is more racially and ethnically diverse than the overall US population. That is particularly true with the large shares of Hispanic and non-Hispanic Black enrollees. Next slide, please.

This slide is showing a comparison of comprehensive benefits and limited benefits, what the distributions look like for those two different groups. And one of the other things I'll draw attention to on this slide is that if you read the titles and you look closely at the slides, you will see that we try to be very clear about what population is included in the slide, for example. So we will specifically say, you know, comprehensive benefits in the title to make sure that people reading the slides understand exactly what we're talking about.

So for this one you can see that in terms of the limited benefit group there is a much larger share of Hispanic beneficiaries, for example. And this is helpful because when people are setting up their analyses of Medicaid and CHIP data they will often only include, for example, beneficiaries with comprehensive benefits. So it helps contextualize results, especially when we've included multiple filters to get to our population of interest. Next slide.

So this slide is showing a comparison of the child and adult population. And because there is so much age diversity in the Medicaid and CHIP programs, especially with such a large child population. It's really interesting to see that there are some differences between the child and adult enrollee populations, particularly that the child population is more likely to be Hispanic. So once again, just really interesting results about what the total population looks like and some of those breakdowns as we start to filter things by something such as age. Next slide.

And this is showing some of these different eligibility pathways and the variation across these different groups. So broadly, what we see across all of these slides is that obviously there's a lot of overlap when we're including the total population. But you can see some really interesting results. For example, there's a large share of Asian Pacific Islander, older adults, and expansion adults. You can see that trend with the large share of Hispanic Medicaid children, for example.

So just highlighting that, there is really a lot of variance across these different groups and that this type of data can really help us get at that in a statistical way that we haven't been able to release information on prior to the release of these briefs. Next slide. And then this is highlighting the disability brief. Once again, there are a number of other briefs just kind of giving an overview of what we can do with the results and what we're starting to see. So next slide.

So this one is really highlighting, and this would be in the front matter, once again, if you review the brief, but this is really about disability-related eligibility categories. So what we're seeing on this first slide is that Medicaid recipients of SSI account for more than half of the Medicaid enrollees who qualify for benefits based on disability. So it's really showing that variation within these different categories. And when we're talking about this disability eligibility category, what are we really talking about? Next slide.

So this is really showing that variation within these different categories. So when we're talking about this disability eligibility category, what are we really talking about? Next slide. Sorry, can we move to the next slide? Oh, thank you. And then this is showing that age breakdown. What we're seeing here is that most Medicaid enrollees who are identified in our data as entering the program through a disability-related eligibility category, are working-age adults, so between the ages of 19 and 64. And that children and older adults

are much more likely to enter the program through an age-related group rather than this disability-related pathway. Next slide.

And this slide is showing the overlap between the disability-related pathway and dual eligibility. And what you can see is that about half of Medicaid enrollees who qualify for comprehensive benefits through a disability-related eligibility category are also enrolled in Medicare or are dual. So once again, you can start to see those overlaps for this disability-related eligibility pathway. Next slide.

And then this slide is showing that racial and ethnic distribution. And what you can see here is that working-age adults who qualify for comprehensive Medicaid benefits through these disability-related eligibility categories are more likely to be non-Hispanic White or non-Hispanic Black. And they're less likely to be Hispanic and less likely to be non-Hispanic Asian Pacific Islander. So once again, highlighting that there is a lot of variation and depending on how we're setting our analyses up, we are going to see very different things. And I think these briefs really help set the foundation for that. Next slide.

And then this last slide is showing this overlap between comprehensive managed care and the disability-related eligibility category. And what you can see is that over half of enrollees in this category are participating in some type of comprehensive managed care plan. And then once again, just highlighting that, you can see almost all of these slides are really showing percentages, but there are these data tables at the end of the brief that also put numbers with that to help conceptualize the size of the population that we're referencing. Okay, next slide. Great.

And so this is just summarizing everything we talked about that there are these four different topics. They're available online. You can see at least for

the race specificity two different years and for the other briefs just the 2020 data. And we're just very excited that this is the first time we've been able to put out high quality information about these topics. We think that it will form a foundation for us to understand analytics and report additional information over time and start to shed light on the distribution of the program and what we're seeing.

So we're just really, really excited about that. We encourage everyone to view the brief and we really look forward to your questions. Next slide. Okay, great. And now I believe we can open it for questions.

Krista: Thank you, Kim. And thank you, Aditi, for your presentation. So we'll use the remainder of the time today to take the states' general questions. And so we'll begin by asking you to submit your questions through the chat function, and then we'll follow up by taking questions through the phone line. So we'll wait for your questions, and then we'll begin there.

Coordinator: Thank you. And if you do have any questions through the phone lines, please press star 1. And again to record your name when prompted. Or you can submit your written questions through the chat line.

Krista: (Michelle), I'm not seeing any questions through the chat. Are you seeing any questions through the phone lines?

Coordinator: And I have no questions on the phone lines. Again, that is star 1 if you would like to ask a question through the phone lines. And again, I am showing no questions.

Krista: I'm not showing any questions either. So we'll give everyone a few minutes and then we may be closing early today.

Coordinator: Once again, if you do have any questions or comments, please press star 1 for the phone lines, or else you can submit your question through the chat line.

Krista: Jackie, can we clarify that the audience can submit questions on any topic, not just the briefs?

((Crosstalk))

Krista: Yes. Absolutely. We're taking any questions, any general questions on today's presentations or anything else.

Krista: I am seeing one question in the chat about when the briefs will be posted. And the briefs were posted on June 7th on Medicaid.gov. We will be working to publish future briefs at a later date.

Coordinator: And I'm not showing anything through the phone lines.

Krista: Okay. I'm not seeing any additional questions either. So I think we will close for the day. So in closing, I do want to thank both Aditi and Kim for their presentations. We do look forward to our next conversation. We will send a topic and invitations in advance of the call. If you do have questions that come up before the next call, please feel free to reach out to us, your state leads, or bring your questions to the next call. So we do thank you again for joining us, and we hope everyone has a great afternoon. Thank you.

Coordinator: And thank you. This concludes today's conference call. You may go ahead and disconnect at this time.

[End]